

L130000057914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Jun 16, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2014

MARSHA ARNOLD / FLORIDA MUSCULOSKELETAL SURGICAL GROUP
6500 66TH STREET NORTH
PINELLAS PARK, FL 33781 US

SUBJECT: FMSG BRANDON ORTHOPEDIC ASSOCIATES LLC
Ref. Number: L13000057914

We have received your document for FMSG BRANDON ORTHOPEDIC ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 714A00009998

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMSG BRANDON ORTHOPEDIC ASSOCIATES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARSHA ARNOLD
Name of Person

FLORIDA MUSCULOSKELETAL SURGICAL GROUP
Firm/Company

6500 66th STREET
Address

PINELAS PARK FLORIDA
City/State and Zip Code

MARSHA.ARNOLD@ORTHOCAREFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA ARNOLD at (727) 347-1286 EXT 207
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FMSG BRANDON ORTHOPEDIC ASSOCIATES LLC
2. (a) 721 WEST ROBERTSON STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
BRANDON FL 33511
- (b) 721 WEST ROBERTSON STREET
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
BRANDON FL 33511
3. 4/19/2013
Date of filing/registration in Florida
4. 113 L13000057914
Document number

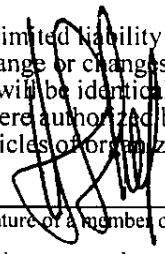
5. (a) ARTHUR NADELMAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4600 4th STREET NORTH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SAINT PETERSBURG FL 33703
_____, FL _____

- (b) JOHN D. OKUN MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

721 WEST ROBERTSON STREET
NEW Registered Office Address:
BRANDON FLORIDA 33511
_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

HOWARD W SHARF MD
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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TALLAHASSEE, FLORIDA