# U3005775

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RACING

JUN - 4 2014

R. WHITE

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: FMSG ORTHOPAEDIC SPECIALTIES OF TAMPA BAY

Name of Corporation

DOCUMENT NUMBER: L13000057975

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### MARSHA ARNOLD

Name of Contact Person

FLORIDA MUSCULOSKELETAL SURGICAL GROUP

Firm/Company

6500 66TH STREET NORTH

Address

City/State and Zip Code

PINELLAS PARK, FL 33781

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA ARNOLD

727 347-1286 x-207

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2014

PINELLAS PARK, FL 33781 6500 66TH ST N MARSHA ARNOLD

SUBJECT: FMSG ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, LLC Ref. Number: L13000057975

We have received your document for FMSG ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, 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):

You have completed the wrong form. Please find enclosed and complete the change of registered agent for a Florida limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 814A00010143

Rebekah White Regulatory Specialist II

RECEIVED

14 JUN-2 PH 2: 48

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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. Na	ame of the limited liability company: FMSC	ORTHOPAGO	ic Spec	hauties of 7	rampa	BAN	4
2. (a)	1011 TOFFORDS STREET	(b)	1011	JEFFORD	S SK	2627	-
()	Principal office address of limited liability compar			Mailing address of limit	ted liability c	ompany	
	(Note: MUST BE STREET ADDRESS)		<u> </u>	(Note: MAY BE PO.	<u>ST OFFICE</u>	<u>BOX</u> )	-1
	CLEARWARDER FL 3375	<u>ь</u> (	<u>Ule</u> f	PETALWS	FL 3	<u>375</u>	مرد
	1 .						
	4/19/2013		L130	0005795	15_		
3.	Date of filing/registration in Florida	4.		Document number	•		
5. (a)	ARTHUR L. NADRIMAN			_			
	Registered Agent and Registered Office shown on the reco	ords of the Florida I	Dept. of Stat	e:			
	4600 4M STREET NO	ent_		<del>-</del>			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)					
				_			
	SAIM PETERSBURG	.FL 337	703	•	至治		
				_		ζ	
(b)		<del>', -</del>		-	<u> </u>		1.
	Enter name of NEW Registered Agent and/or NEW Reg	<u>istered Office addı</u>	ress:		£7	: >	
	INI TIAPPONS STRIA	7			<u>.</u> 		و
	NEW Registered Office Address:	.\		-	$\widetilde{\mathbb{H}}_{2}$	••••	
	QUEREWATINE FL 3	3756				CH CH	
1	<u> </u>	<u> </u>		_			
(	<b>⇒</b>	. FL					
144 - 1	:	<del>-</del>	Ptoto of Fl	- auida itia banabu a	antimad t	hat att	a
the cha	imited liability company is not organized under tange or changes are made, the Florida street addr	ess of the regist	ered offic	e and the business of	office of th	ie regis	stered
agent was/w	will be reputical. Or, in the case of a Florida limere authorized by an affirmative vote of the mem	ited liability con bers of the limit	npany, it i ted liabilit	s hereby confirmed by company or as other	that the cl herwise pr	nange(s ovided	s) . in
the art	ides of organization or the operating agreement	of the limited lia	ability con	npany.		_	
<u> </u>	ature of a member or authorized representative of a member		94 <i>wof</i>	Printed or typed name		(D)	
_	by accept the appointment as registered agent at	nd agree to act i	in this can		-	olu witi	h the
provisi	ions of all statutes relative to the proper and con ligations of my position as registered agent as pr rely reflect a change in the registered office addr	nd agree to act i uplete performa covided for in Cl	nce of my hanter 60	duties, and I am fai 5 FS Or if this de	miliar with	i and a heine	ccept filed
to mer notifie	ely reflect a change in the registered office addr d in writigg of this change.	ess, I hereby con	nfirm that	the limited liability	company	has be	en
	Maria						
Signati	irc of Registered Agent	<del></del>					
	Division of Corporations •			ssee, FL 32314			
	fili	NG FEE: \$25.0	IU				