

U300057975

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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

Name of Contact Person

at (**727**) **347-1286 x-207**

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

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

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.

Rebekah White
Regulatory Specialist II

Letter Number: 814A00010143

RECEIVED

14 JUN -2 PM 2:45

Division of Corporations
Tallahassee, Florida 32314

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.

2. (a) 1011 JEFFORDS STREET (b) 1011 JEFFORDS STREET

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

CLEARWATER FL 33756

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) MICHAEL R. PIAZZA MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)