

L140000091472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

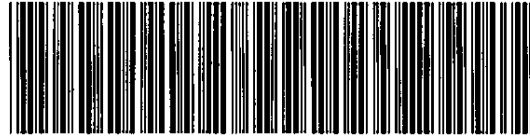
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 29 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Center for Orthopedic and Spinal Excellence, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA MILLER

Name of Person

FRANK, WEINBERG & BLACK, P.L.

Firm/Company

1875 NW CORPORATE BLVD. SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

monica@spylaw.net

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

For further information concerning this matter, please call:

Monica Miller

561

405-9000

at ()

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

SPYREDES LAW FIRM, P.A.

Attorney at Law

4400 North Federal Highway, Suite 408
Boca Raton, FL 33431
Email: tom@spylaw.net
Telephone: 561-405-9000
Facsimile: 561-221-6730

July 25, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: The Center for Orthopedic and Spinal Excellence, LLC
Ref.: L14000091472

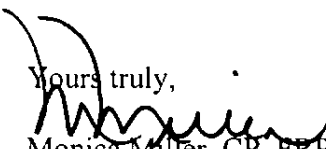
Dear Sir/Madam:

Enclosed herewith please find the Statement of Correction along with your transmittal letter requesting a written statement and signature from the registered agent being designated. Accordingly, I have also enclosed the Certificate of Designation of Registered Agent/Registered Office for your review.

If this comports to your satisfaction, please have this filed and corrected. Should you require anything further, please contact me immediately.

Thank you.

Yours truly,


Monica Miller, CP, FRP
Certified Paralegal to A. Tom Spyredes, Esq.

/mm
cc: Client



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2014

MONICA MILLER
FRANK, WEINBERG & BLACK, P.L.
1875 NW CORPORATE BLVD STE 100
BOCA RATON, FL 33431

SUBJECT: THE CENTER FOR ORTHOPEDIC AND SPINAL EXCELLENCE,
LLC
Ref. Number: L14000091472

We have received your document for THE CENTER FOR ORTHOPEDIC AND SPINAL EXCELLENCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00014359

FILED
14 JUL 29 PM 1:45
TALLAHASSEE, FLORIDA

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: _____
The Center for Orthopedic and Spinal Excellence, LLC

SECOND: The Florida Document number of the limited liability company is: L14000091472

THIRD: Document to be corrected is:
Articles

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The original filing contained a misreference to the registered agent. The correct registered agent should have been and is, C T CORPORATION SYSTEM, 1200 South Pine Island Road, Suite 250, Plantation, FL 33324

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Angel Nunez
Signature of Authorized Representative Date

Angel Nunez
Assistant Secretary

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

The Center for Orthopaedic and Spinal Excellence, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

By:

C T Corporation System

(Signature)

Madonna Cuddihy
Special Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)