

L140000092129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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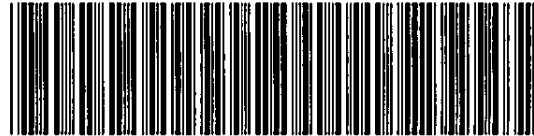
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

MAY - 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Center for Neurosurgical Excellence, 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:

Name of Person

The Center for Neurosurgical Excellence, LLC

Firm/Company

PO Box 669541

Address

Pompano Beach, FL 33066

City/State and Zip Code

docyoza1@aol.com

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

For further information concerning this matter, please call:

Mitchell Moore, Esquire

954

263-3814

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☐ \$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: The Center for Neurosurgical Excellence, LLC

2. (a) 410 NW 3rd Court, Suite B (b) PO Box 122225

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Plantation, FL 33317

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Fort Lauderdale, FL 33312

06/09/2014

L14000092129

3. Date of filing/registration in Florida

4. Document number

5. (a) CASTROVINCI, STACEY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

325 SW 14th Avenue #3

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Pompano Beach, FL 33066, FL 33069

(b) Physicians First Management Service Organization, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

325 SW 14th Avenue #3

NEW Registered Office Address:

Pompano Beach, FL 33069

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TALLAHASSEE, FLORIDA

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.

Mitchell Moore
Signature of a member or authorized representative of a member

Mitchell Moore, Esquire

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00