

L14000093604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900275225739

07/22/15--01017--022 \*\*35.00

FILED

2015 AUG -3 P 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 04 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2015

DR. THOMAS ROUSH  
3618 LANTANA RD, STE 201  
LAKE WORTH, FL 33462

SUBJECT: CENTRAL ORTHOPEDICS AND NEUROSURGICAL LLC  
Ref. Number: L14000093604

We have received your document for CENTRAL ORTHOPEDICS AND NEUROSURGICAL 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.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 915A00016019

2015 AUG - 3 P 3: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Orthopedics & Neurosurgery, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Roush, M.D.

(Contact Person)

(Firm/Company)

3618 LANTANA RD, SUITE 201

(Address)

LAKE WORTH, FLORIDA 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS ROUSH, M.D.

(Name of Contact Person)

at ( 561 ) 296-2450  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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

2015 AUG - 3 P 3: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CENTRAL ORTHOPEDICS & NUROSURGERY, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000093604


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/15/15

4. I, Thomas Roush, M.D., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2015 AUG - 3 P 3: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED