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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

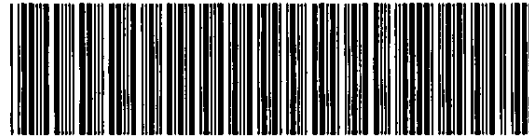
(Business Entity Name)

(Document Number)

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07/23/13--01031--011 \*\*25.00

B. BOSTICK

AUG 19 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Sarasota Ophthalmology ASC, 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:

Joseph Ross  
Name of Person

The Sarasota Ophthalmology ASC, LLC  
Firm/Company

3920 Bee Ridge Rd Bldg. F, Suite C  
Address

Sarasota, FL 34233  
City/State and Zip Code

jj111r@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darice Downs at (941) 925-0000  
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 608.416 or 608.508, 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 Sarasota Ophthalmology ASC, LLC

2. (a) Principal office address of limited liability company: 20 Burton Hills Blvd.  
5th FLR  
Nashville, TN 37215  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 20 Burton Hills Blvd.  
5th FLR  
Nashville, TN 37215  
(Note: **MAY BE POST OFFICE BOX**)

01/18/2001  
3. Date of filing/registration in Florida

MO100000116  
4. Document number

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

Registered Agent: NRAI Services, Inc.

Registered Office Address: 1200 South Pine Island Rd.  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Joseph J. Ross, M.D.

**NEW** Registered Office Address: 3970 Bee Ridge Rd  
Bldg F Suite A  
Sarasota, FL 34233  
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Janice Wade  
Signature of a member or authorized representative of a member

Janice Wade  
Printed or typed name of signer

*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 608, 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.*

Joseph J. Ross, M.D.  
Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2013

THE SARASOTA OPHTHALMOLOGY ASC, LLC  
3920 BEE RIDGE ROAD  
BLDG F, SUITE C  
SARASOTA, FL 34233

SUBJECT: THE SARASOTA OPHTHALMOLOGY ASC, LLC  
Ref. Number: M01000000116

We have received your document for THE SARASOTA OPHTHALMOLOGY ASC, 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):

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 313A00017924