

Mo70000004186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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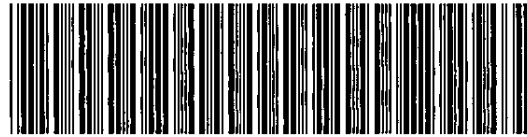
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 12 PM 2:52

JUL 13 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST Center for Surgery, 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:

William J Byron
Name of Person

TREASURE COAST Center for Surgery, LLC
Firm/Company

1411 E. OCEAN AVE
Address

STUART, FL 34996
City/State and Zip Code

WJBHLTHADV@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Byron at (561) 310-8003
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JUL 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2012

WILLIAM J CYRIN
1411 E OCEAN AVE
STUART, FL 34996

SUBJECT: TREASURE COAST SURGERY CENTER, LLC
Ref. Number: M07000004186

We have received your document for TREASURE COAST SURGERY CENTER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00017870

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: TREASURE COAST Center for Surgery, LLC

2. (a) Principal office address of limited liability company: 1411 E Ocean Blvd

(Note: **MUST BE STREET ADDRESS**)

STUART, FL 34996

(b) Mailing address of limited liability company: 1411 E Ocean Blvd

(Note: **MAY BE POST OFFICE BOX**)

STUART, FL 34996

MO7000004186

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Thomas R. Simmons

Registered Office Address:

1411 E Ocean Blvd
STUART, FL 34996

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

NEW Registered Agent:

WILLIAM J. BYRON

NEW Registered Office Address:

1411 E. OCEAN BLVD

(**MUST BE FLORIDA STREET ADDRESS**)

STUART, FL 34996

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.

William J. Byron
Signature of a member or authorized representative of a member

William Byron
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 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.

William J. Byron
Signature of Registered Agent

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

SECRETARY OF
DIVISION OF CORP
12 JUL 12 PM