

110000000912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

2016 OCT 11 P 4:56

FILED

D. BRUCE
OCT 12 2016



FLEET & SMITH, P.A.
ATTORNEYS AND COUNSELORS AT LAW

October 6, 2016

Attn: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Emerald Coast Eye Institute, LLC

Dear Sir / Ma'am:

Enclosed please find a copy of your correspondence dated September 16, 2016, the Division of Corporations cover letter and Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Emerald Coast Eye Institute, LLC.

If you need anything further at this time, please do not hesitate to contact our office. Thank you for your assistance in this matter.

Sincerely yours,

Barbara Hynes
Legal Assistant to H. Bart Fleet

TALLAHASSEE, FLORIDA

2016 OCT 11 PM 4:56

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HBf/bh

Enclosures: Div. of Corporations correspondence dated September 16, 2016
Div. of Corporations Cover Letter
Application by Foreign Limited Liability Company to File Amendment to
Certificate of Authority to Transact Business in Florida



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

H. BART FLEET
1283 EGLIN PARKWAY, STE A
SHALIMAR, FL 32579

SUBJECT: EMERALD COAST EYE INSTITUTE, LLC
Ref. Number: M10000000912

We have received your document for EMERALD COAST EYE INSTITUTE, 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00019861

FILED
2016 OCT 11 P 4:56
TALLAHASSEE, FLORIDA

Dbh
10.4.16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Eye Institute, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Bart Fleet

Name of Person

Fleet & Smith

Firm/Company

1283 Eglin Parkway, STE A

Address

Shalimar, FL 32579

City/State and Zip Code

bart@fleetsmithlaw.com

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

For further information concerning this matter, please call:

H. Bart Fleet

Name of Person

at (850) 651-4006

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

FILED
2016 OCT 11 PM 4:56
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: **Emerald Coast Eye Institute, LLC**

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: **M10000000912**

3. Jurisdiction of its organization: **Delaware**

4. Date authorized to do business in Florida: **February 26, 2010**

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Phil C. Alabata	1034 Mar Walt Dr., STE 200	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sam Poppell MD 10.6.16
Signature of the authorized representative

Samuel E. Poppell

Typed or printed name of signee

Filing Fee: \$25.00