

M11000005364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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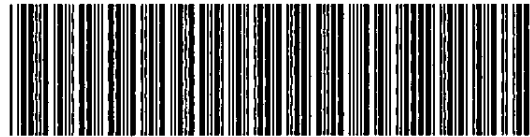
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 2 2012

MARGIE M. TOLBERT

PARALEGAL

(205) 930-5198

mtolbert@sirote.com

S I R O T E
— & —
P E R M U T T
A PROFESSIONAL CORPORATION

March 22, 2012

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building, 2661 Executive Center Circle
Tallahassee, FL 32301

Re: SportsMed Orthopedic Solutions, LLC

Dear Reader:


Enclosed are the following:

1. Cover Letter and Statement of Change of Registered Office and Registered Agent for Limited Liability Company (original and one copy).
2. Check in the amount of \$25.00 to cover the filing fee.

Please review these documents and, if they are satisfactory, file them upon receipt and return a certified copy of the Application to me in the envelope provided.

Should you have any questions, please call me or e-mail me at mtolbert@sirote.com. Thank you for your assistance in this matter.

Sincerely



Margie M. Tolbert
Paralegal

MMT/s
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SportsMed Orthopedic Solutions, 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:

Margie Tolbert

Name of Person

Sirote & Permutt, P.C.

Firm/Company

2311 Highland Ave S

Address

Birmingham, AL 35205

City/State and Zip Code

cvacarel@lts.inj.com

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

For further information concerning this matter, please call:

Margie Tolbert

Name of Person

at (205)

930-5198

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: SportsMed Orthopedic Solutions, LLC

2. (a) Principal office address of limited liability company: 1513 Highland Gate Point

(Note: MUST BE STREET ADDRESS)

Hoover, AL 35244

(b) Mailing address of limited liability company: 1513 Highland Gate Point

(Note: MAY BE POST OFFICE BOX)

Hoover, AL 35244

10/25/2011

M11000005364

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:

NRAI SERVICES, INC.

Registered Office Address:

515 EAST PARK AVENUE

TALLAHASSEE FL 32303

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

NEW Registered Agent:

Kathryn I. Kasper

NEW Registered Office Address:

1115 East Gonzalez Street

(MUST BE FLORIDA STREET ADDRESS)

Pensacola, FL 32503

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.

Christopher Anthony Vacarella
Signature of a member or authorized representative of a member

Christopher Anthony Vacarella

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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00