

MI300002444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

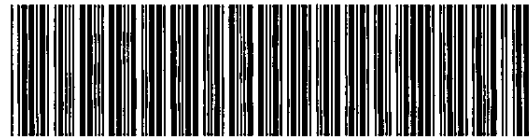
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Special Instructions to Filing Officer:

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2013 NOV - 5 PM 1:59  
TALLAHASSEE, FLORIDA

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## RENEW SPINAL CARE

Minimally Invasive Spine Surgery...for a new beginning

8370 W. Hillsborough Avenue, Suite 103  
Phone: 813-324-1171 · Fax: 813-885-6644

[www.RenewSpinalCare.com](http://www.RenewSpinalCare.com)

November 2, 2013

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

RE: Change of Address

Enclosed is a check in the amount of \$25 for the filing fee to change the address of our registered agent. A completed *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company Form* (#INHS18) is attached.

2013 NOV - 6 4:00  
TALLAHASSEE, FL  
STATE OF FLORIDA

**PLEASE NOTE:** We have moved our offices from St. Pete Beach to Tampa, FL, therefore our principal office address and mailing address have changed. These new addresses are listed on the attached form #INHS18.

Sincerely,

Rosanne Gauthier, Mh.D.  
Adminitrator

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Renew Spinal Care, 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:

Tim Clay, President

Name of Person

Renew Spinal Care, LLC

Firm/Company

8370 W. Hillsborough Ave., #103

Address

Tampa, FL 33615

City/State and Zip Code

Tim@RenewSpinalCare.com

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

For further information concerning this matter, please call:

Tim Clay

Name of Person

at ( 813 ) 324-1171

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

FILED  
2013 NOV -6 PM 4:59  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**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: Renew Spinal Care, LLC

2. (a) Principal office address of limited liability company: 8370 W. Hillsborough Avenue, Suite 103  
Tampa, FL 33615  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 8370 W. Hillsborough Avenue, Suite 103  
Tampa, FL 33615  
**(Note: MAY BE POST OFFICE BOX)**

04/16/2013  
3. Date of filing/registration in Florida

M13000002444  
4. Document number

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

Registered Agent: Joe S. Bailey

Registered Office Address: 7000 Beach Plaza, #701  
St. Pete Beach, FL 33706

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

**NEW Registered Agent**: \_\_\_\_\_

**NEW Registered Office Address**: 8370 W. Hillsborough Avenue, Suite 103  
**(MUST BE FLORIDA STREET ADDRESS)**  
Tampa, FL 33615

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.

Rosanne Gauthier  
Signature of a member or authorized representative of a member

ROSANNE GAUTHIER  
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.*

\_\_\_\_\_  
Signature of Registered Agent

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