

P000000108929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

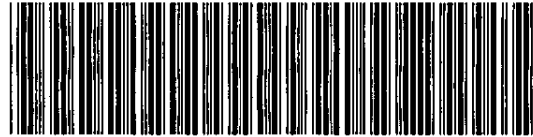
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700253858767

RA  
change

11/21/13--01003--002 \*\*35.00

FILED  
2013 NOV 21 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/26/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Spine & Orthopedic Center, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P00000108929

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justus P Essman

Name of Contact Person

Spine & Orthopedic Center, P.A.

Firm/Company

380 Park Place Blvd., Suite 150

Address

Clearwater, FL 33759

City/State and Zip Code

jpressman@drmoskovitzspine.com

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

For further information concerning this matter, please call:

Justus Essman

Name of Contact Person

at ( 727 ) 726-6669

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Spine & Orthopedic Center, P.A.
2. The principal office address: 380 Park Place Blvd., Suite 150 Clearwater, FL 33759
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/22/2000 Document number: P00000108929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alan Gassman

1245 Court St., Suite 102

Clearwater, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary G. Moskovitz, MD

380 Park Place Blvd, Suite 150

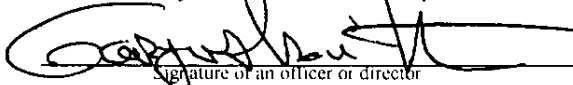
P.O. Box NOT acceptable

Clearwater, FL 33759

FILED  
2013 NOV 21 PM 4:16  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Gary G. Moskovitz, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

Nov 18/2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)