

P12 000045965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

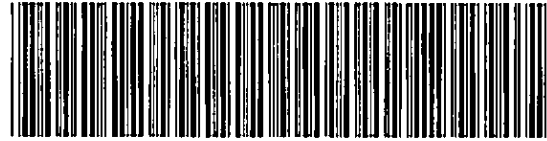
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2022 JUL 12 PM 3:22

of 9/1/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COASTAL NEW VOS SURGERY and SPINE
Name of Corporation (THE SPINE INSTITUTE ON THE EMERALD COAST)

DOCUMENT NUMBER: 722A00011078

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:

Rebecca Bryan
Name of Contact Person

THE SPINE INSTITUTE ON THE EMERALD COAST
Firm/Company

155 CRYSTAL BEACH DR. STE 200
Address

DESTIN FL 32541
City/State and Zip Code

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

For further information concerning this matter, please call:

REBECCA BRYAN at (850) 393-2397
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



April 7, 2022

To whom it may concern,

Effective April 4, 2022, Haylie Scarpitto is no longer employed at The Spine Institute on the Emerald Coast and is not able to provide a formal signature for the following document. Please take this as a formal resignation as a registered agent for Haylie Scarpitto.



RECEIVED

2022 JUL 12 AM 11:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE, FL

May 14, 2022

SHAWN WILLIAMSON
155 CRYSTAL BEACH DRIVE
SUITE 20
DESTIN, FL 32541

SUBJECT: THE SPINE INSTITUTE ON THE EMERALD COAST, P.A.
Ref. Number: P12000048968

We have received your document for THE SPINE INSTITUTE ON THE EMERALD COAST, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file a Statement of Change of Registered Office/Agent form for the corporation.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 722A00011078

**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: INESPIRE INSTITUTE ON THE EMERALD COAST P.A.
2. The principal office address: 155 CRYSTAL BEACH DR STE 200
DESTIN FL 32541
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/29/2012 Document number: P12000048968
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)

HAYLIE SCARPIELLO (Resigned)
155 CRYSTAL BEACH DR STE 200
DESTIN FL 32541

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

REBECCA BRYAN
155 CRYSTAL BEACH DR STE 200
DESTIN FL 32541

P.O. Box NOT acceptable

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]
Signature of an officer or director

DWIGHT PEEBLES
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]
Signature of Registered Agent

07/06/2022
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 (04/13)