

P99000093364

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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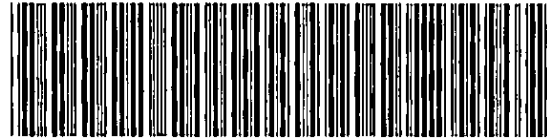
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2017

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORTHOPEDIC SPECIALISTS, P.A.
Name of Corporation

DOCUMENT NUMBER: P99000093364

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:

Howard Hammer, CPA
Name of Contact Person

Fiske & Co.
Firm/Company

1000 S. Pine Island Road Suite 440
Address

Plantation, FL 33324
City/State and Zip Code

Howard@fiskeco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Torres at (954) 739-9700 x5
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RCVD

7/22/17

ELLIOT P. BORKSON, P.A.

1313 S. Andrews Avenue
Fort Lauderdale, FL 33316
Telephone: (954) 462-6360
Facsimile: (954) 462-5225
E-mail: ellpremo@hotmail.com

July 18, 2017

Claudia Torres, Office Manager
Orthopedic Specialists, P.A.
7710 NW 71st Court, Suite 103
Tamarac, FL 33321

RE: Registered Agent

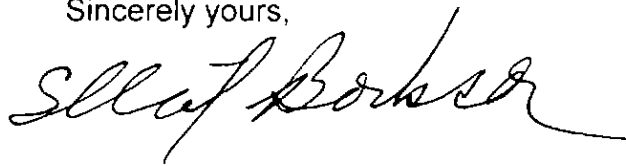
Dear Ms. Torres:

Please accept this letter as my official notice that I am resigning as the Registered Agent for Orthopedic Specialists, P.A. (the "Company"). I am enclosing a recent print-out from the Division of Corporations, reflecting that I am still listed as the Registered Agent for the Company, although I am not currently engaged in any work for the Company.

I am enclosing the Cover Letter, together with the form "Statement of Change of Registered Office or Registered Agent, which must be filled out by the company and submitted to the Amendment Section of the Division of Corporations, Post Office Box 6327, Tallahassee, Florida 32314, together with a filing fee check for \$35.00, made payable to the Department of State.

If you have any questions in this regard, please do not hesitate to contact my office.

Sincerely yours,



Elliot P. Borkson

EPBjds
Enclosures

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: Orthopedic Specialists, P.A.
2. The principal office address: 7710 NW 71st Court, Suite 103, Tamarac, Florida 33321
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/22/1999 Document number: P99000093364

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)

Elliot P. Borkson, Esq.
1313 South Andrews Avenue
Fort Lauderdale, Florida 33316


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TALLAHASSEE, FLORIDA

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

Howard Hammer, CPA (Fiske & Co.)
1000 S. Pine Island Rd #440
P.O. Box NOT acceptable
Plantation, FL 33324-3904

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

Christopher J. Fiske
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

7/25/2017
Date

If signing on behalf of an entity:

Fiske & Company
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