

P99 000093364

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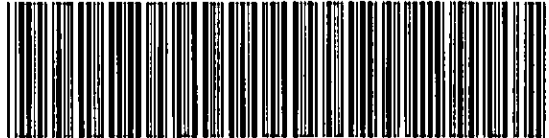
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2022 JUL 12 AM 11:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2022

JAIME FELDMAN, CPA
FISKE & COMPANY
1250 S. PINE ISLAND ROAD SUITE 300
PLANTATION, FL 33324

SUBJECT: ORTHOPEDIC SPECIALISTS, P.A.
Ref. Number: P99000093364

We have received your document for ORTHOPEDIC SPECIALISTS, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 022A00013687

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:

JAIME FELDMAN, CPA
Name of Contact Person
FISKE & COMPANY
Firm/Company
1250 S. PINE ISLAND ROAD, SUITE 300
Address
PLANTATION, FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

JAIME FELDMAN at (954) 236-8600
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

**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 _____ 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, FL 33321

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/22/1999 Document number: P99000093354

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)

HOWARD HAMMER, CPA - FISKE & COMPANY

1000 S. PINE ISLAND ROAD, SUITE 440, PLANTATION, FL 33324

HE IS RETIRING

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

1250 S. PINE ISLAND ROAD, SUITE 300, PLANTATION, FL 33324

Jaime Feldman CPA - Fiske and Company
P.O. Box NOT acceptable

Director

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

Christopher Troiano, MD
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

June 28, 2002
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)

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE