

521310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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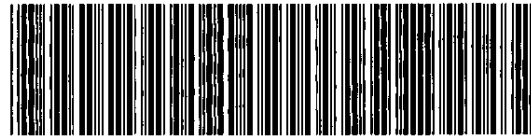
(Business Entity Name)

(Document Number)

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JUN 30 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST ANESTHESIA ASSOCIATES P.A.
Name of Corporation

DOCUMENT NUMBER: 521310

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:

ERIC NAZARETH
Name of Contact Person

SUNCOAST ANESTHESIA ASSOCIATES P.A.
Firm/Company

12 BAHAMA CIRCLE
Address

TAMPA FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

ERIC NAZARETH at (813) 254 7497
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

**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: SUNCOAST ANESTHESIA ASSOCIATES, P.A.
2. The principal office address: 12 BAHAMA CIRCLE TAMPA FL 33606

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/30/1976 Document number: 521310

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)

NANCY G. FARAGE
4TH FLOOR, TAMPA THEATRE BLDG
707 NORTH FRANKLIN ST., TAMPA FL 33602

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

ERIC NAZARETH
12 BAHAMA CIRCLE
P.O. Box NOT acceptable
TAMPA FL 33606

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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]
Signature of an officer or director

ERIC NAZARETH PRES. SAA.
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

06/23/2010
Date

If signing on behalf of an entity:

ERIC NAZARETH
Typed or Printed Name

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