

F130000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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STATE DEPARTMENT OF REVENUE
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C McNAIR



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

16 JUL 11 11 09 AM '16
REGISTRATION SECTION
CORPORATION SERVICE COMPANY

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: July 12, 2016

Order#: 200617-010

Re: U.S. ANESTHESIA PARTNERS HOLDINGS, INC.

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$35.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Please return evidence to the following:

Attn: April Pagliassotti
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: U.S. ANESTHESIA PARTNERS HOLDINGS, INC.
2. The principal office address: 450 East Las Olas Blvd Suite 850, Fort Lauderdale, FL 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/2013 Document number: F1300001449
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)

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

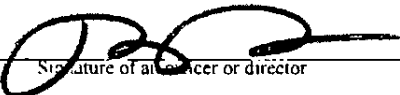
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

16 JUL 11 AM 9:32
FL DEPT OF STATE
CORPORATIONS

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.

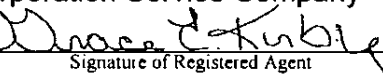


Signature of officer or director

Dona Priebe, Vice 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.

Corporation Service Company
By: 

Signature of Registered Agent

07/12/2016

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

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