

F 55772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

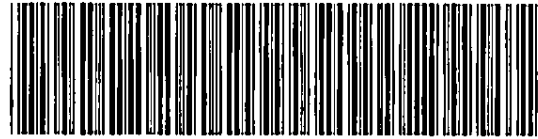
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100335088791

10/07/19--01017--007 **935.00

FILED
2019 OCT -7 PM 3:47
Sec. of State
TALLAHASSEE, FL

OCT 20 2019
C Kinse.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Coast Anesthesiology Associates, Inc
Name of Corporation

DOCUMENT NUMBER: F55772

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:

Marlo Reyes

Name of Contact Person

West Coast Anesthesiology Associates, Inc

Firm/Company

2621 Cattlemen Road, Suite 202

Address

Sarasota, FL 34232

City/State and Zip Code

wcaa.pmg@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlo Reyes

Name of Contact Person

941 365-5672

at () 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: West Coast Anesthesiology Associates, Inc
2. The principal office address: 2621 Cattlemen Road, Suite 202, Sarasota, FL 34232
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/23/1984 Document number: F55772

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)

Mauna Radahd, MD

5741 Bee Ridge Road, Suite 250

Sarasota, FL 34233

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

Mauna Radahd, MD

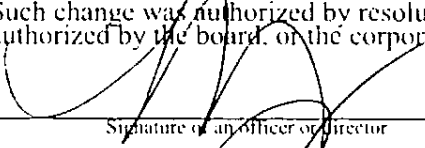
2621 Cattlemen Road, Suite 202

P.O. Box NOT acceptable

Sarasota, FL 34232

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.

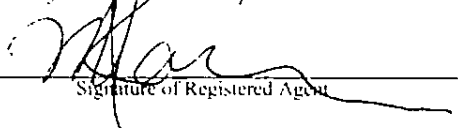


Signature of an officer or director

Marlo Reyes

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

09/12/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
2019 OCT - 7 PM 3:47
TALLAHASSEE, FL
SECRETARY OF STATE