

LD0000121019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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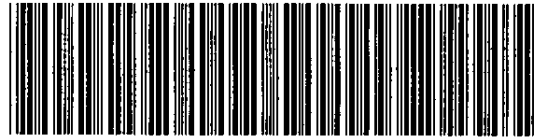
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OCT 20 2008

EXAMINER

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08 OCT 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TKM Anesthesia, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine V Dean
(Name of Person)

TKM Anesthesia, LLC
(Firm/Company)

11421 Regal Terrace
(Address)

Providence Forge, Virginia 23140
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine V Dean at (804) 640-6319
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2008

KATHERINE V. DEAN
11421 REGAL TERRACE
PROVIDENCE FORGE, VA 23140

SUBJECT: TKM ANESTHESIA L.L.C.
Ref. Number: L06000121019

We have received your document for TKM ANESTHESIA L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 208A00053237

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TKM Anesthesia, LLC

2. (a) Principal office address of limited liability company: 11421 Regal Terrace
(Note: MUST BE STREET ADDRESS) Providence Forge, Virginia
23140

(b) Mailing address of limited liability company: 11421 Regal Terrace
(Note: MAY BE POST OFFICE BOX) Providence Forge, Virginia
23140

December 20, 2006

3. Date of filing/registration in Florida

L06000121019

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Katherine V Dean

Registered Office Address: 502 Eventide Drive
Gulf Breeze, Florida
32561

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Randall L. Sansom

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 87 Baybridge Park
Gulf Breeze, FL 32561

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Katherine V Dean MAMB.
(Signature of a member or authorized representative of a member)

Katherine V Dean, MGBM
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE FLORIDA
DEPARTMENT OF STATE