

# L080000 65/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

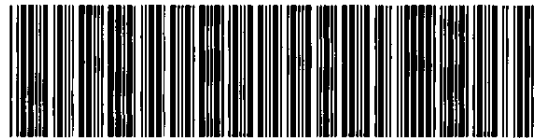
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 29 PM 1:50

T. HAMPTON

SEP 8 0 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North Shore Anesthesiology Partners, 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:

Edwin Risi

Name of Person

Firm/Company

19543 SW 39 ST.

Address

Miramar, FL 33029

City/State and Zip Code

Risi1986@bellsouth.net

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

For further information concerning this matter, please call:

Elizabeth Risi

Name of Person

at ( 954 )

436-3034

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

RECEIVED

09 SEP 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 14, 2009

EDWIN RISI  
19543 SW 39 ST  
MIRAMAR, FL 33029

SUBJECT: NORTH SHORE ANESTHESIOLOGY PARTNERS, LLC  
Ref. Number: L08000065120

We have received your document for NORTH SHORE ANESTHESIOLOGY PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 309A00016463

**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: North Shore Anesthesiology Partners, LLC  
2. (a) Principal office address of limited liability company: 19543 SW 39 ST. Miramar, FL. 33029  
☒ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 9543 SW 39 ST. Miramar, FL. 33029  
☒ (Note: **MAY BE POST OFFICE BOX**)

July 7, 2008  
3. Date of filing/registration in Florida

208000065120  
#P080000062923  
4. Document number

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

Registered Agent: Lasris, Lee  
Registered Office Address: 3501 S. University Drive  
Suite 10  
Davie, FL. 33328

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

**NEW Registered Agent:** Edwin Risi  
**NEW Registered Office Address:** 19543 SW 39 ST.  
**(MUST BE FLORIDA STREET ADDRESS)** Miramar, FL 33029

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.

Edwin Risi  
Signature of a member or authorized representative of a member

Edwin Risi  
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.*

Edwin Risi  
Signature of Registered Agent

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