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SECRETARY CE STAFE
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JUL 1 6 2013
T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FLORIDA 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:

Peter C. Horowitz

Name of Person

Florida Anesthesia, LLC

Firm/Company

3095 N. Course Drive, #606

Address

Pompano Beach, FL 33069

City/State and Zip Code

peteritz@aol.com

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

For further information concerning this matter, please call:

Peter C. Horowitz

_{at (}504

250-9319

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

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: Florida Anesthes	ia, LLC			
2. (a) Principal office address of limited liability com				
(Note: MUST BE STREET ADDRESS)	Pompano Beach, FL 33069			
(b) Mailing address of limited liability company:	3095 N. Course Drive, #606			
(Note: MAY BE POST OFFICE BOX)	Pompano Beach, FL 33069			
11/10/2009	L09000108575			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office showr	on the records of the Florida Dept.	of State:		
Registered Agent:	Peter C. Horowitz	13 OVE		
Registered Office Address:	521 Mandalay Avenue Unit #804	JUL OF CHE		
	Clearwater, FL 33767	<u> </u>		
(1) Face and CNEW Designation of Association	NEW Designand Office address.	AM IO:		
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address.): 15		
NEW Registered Agent:				
NEW Registered Office Address:	3095 N. Course Drive, #606			
(MUST BE FLORIDA STREET ADDRESS)	Pompano Beach, FL 33069	,FL		
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be iliability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the regis dentical. Or, in the case of a Florid- ge(s) was/were authorized by an affi erwise provided in the articles of or	stered office a limited		
Peter C. Horowitz Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	ind agree to act in this capacity. I fi se proper and complete performance sy position as registered agent as pr o merely reflect a change in the regi	urther agree to e of my duties, ovided for in istered office		

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