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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

Name of Person

at ( 504 ) 250-9319

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

*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.*

- 11/10/2009

L09000108575

- Peter C. Horowitz

521 Mandalay Avenue Unit #804  
Clearwater, FL 33767

- 3095 N. Course Drive, #606  
Pompano Beach, FL 33069

**FL**

Signature of a member or authorized representative of a member

**Peter C. Horowitz**

Printed or typed name of signee

Signature of Registered Agent

INHS18 (05/08)