

Division of Corporations

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L10000009298

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
PALM COAST ANESTHESIA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

11 OCT 19 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

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Corporate Filing Menu

Help

OCT 20 2011

EXAMINER

10/18/2011

**LAW OFFICES OF
FRANK, WEINBERG & BLACK, P.L.
1800 BOCA CENTER
1800 NORTH MILITARY TRAIL, SUITE 170
BOCA RATON, FLORIDA 33431
TELEPHONE: 561-395-3350
FACSIMILE: 561-395-3339**

FAX COVER SHEET

TO: FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

FAX NUMBER: 850-617-6383

FROM: ANASTASIOS TOM SPYREDES, ESQ.

DATE: October 18, 2011

NUMBER OF PAGES: 7 including this page. If you need a resend on any of the page(s), please call our office and ask for *Monica* as soon as possible at (561) 395-3350. If you do not call, we will assume the page(s) were received correctly.

FILE NO.: 13924.1000

ORIGINAL WILL:
☐ FOLLOW VIA MAIL
☐ FOLLOW VIA E MAIL
☐ FOLLOW VIA OVERNIGHT MAIL
☒ NOT BE SENT

MESSAGE: Please process attached Registered Agent Change Forms. Thank you.

The information contained in this transmission is attorney-privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone (collect) and return the original message to us to the above address via U.S. Postal Service. We will reimburse you for postage and telephone expenses. Thank you.

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TALLAHASSEE FLORIDA

H110002512043

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Palm Coast Anesthesia Group, 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:

Anastasios Tom Spyredes, Esq.

Name of Person

Frank, Weinberg & Black, P.L.

Firm/Company

1800 North Military Trail, Suite 170

Address

Boca Raton, Florida 33431

City/State and Zip Code

tspyredes@fwblaw.net

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

For further information concerning this matter, please call:

Anastasios Tom Spyredes

Name of Person

at (561)

395-3350

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Palm Coast Anesthesia Group, LLC
2. (a) Principal office address of limited liability company: 150 South Andrews Ave.
Pompano Beach, FL 33069
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 150 South Andrews Ave.
Pompano Beach, FL 33069
(Note: MAY BE POST OFFICE BOX)
- 01/26/2010 L10000009298
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: B & C Corporate Services, Inc.
Registered Office Address: One Biscayne Tower, 21st Floor
Miami Beach, FL 33131
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Frank, Weinberg & Black, P.L.
NEW Registered Office Address: 1800 North Military Trail
(MUST BE FLORIDA STREET ADDRESS) Suite 170
Boca Raton, FL 33431

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.

Signature of a member or authorized representative of a member

Brian Bauer

Printed or typed name of signer

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 of Registered Agent

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

DNHS18 (03/08)

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