

10/28/2013 10:05:25 from To: 80617-383

( 1/3 )

Division of Corporations

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L100000009298

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*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	03
Estimated Charge	\$25.00

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2013 OCT 28 AM 8:15  
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**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:

Justine Billante

Name of Person

Whitesand Orthopedics

Firm/Company

1245 West Palmbanks Ave., Suite # 350

Address

Winter Park, FL 32789

City/State and Zip Code

Justine@wsorthopedics.com

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

For further information concerning this matter, please call:

Justine Billante

Name of Person

at ( 407 )

960-5850/ 407-538-6358

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: PALM COAST ANESTHESIA GROUP, LLC
2. (a) Principal office address of limited liability company: 150 SOUTH ANDREWS AVENUE, SUITE 450  
(Note: MUST BE STREET ADDRESS) POMPANO BEACH, FL 33069
- (b) Mailing address of limited liability company: 150 SOUTH ANDREWS AVENUE, SUITE 450  
(Note: MAY BE POST OFFICE BOX) POMPANO BEACH, FL 33069
- 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:	<u>FRANK, WEINBERG &amp; BLACK, P.L.</u>
Registered Office Address:	<u>1800 NORTH MILITARY TRAIL SUITE 170</u> <u>BOCA RATON, FL 33431</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 

NEW Registered Agent:	<u>C T Corporation System</u>
NEW Registered Office Address:	<u>1200 South Pine Island Road</u>
( <u>MUST BE FLORIDA STREET ADDRESS</u> )	<u>Plantation, FL 33324</u>

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.

*Josephine A. Bullante*  
Signature of a member or authorized representative of a member  
Josephine A. Bullante  
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.*

By: C T Corporation System  
Signature of Registered Agent

Madonna Cuddihy  
Special Assistant Secretary

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

INHS18 (05/08)

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 TALLAHASSEE, FLORIDA