

Division of Corporations
Electronic Filing Cover Sheet

((H22000310603 3))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Email Address: _____

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 SEP -8 AM 11:02

APPROVED
AND
FILED

Help

SEP 12 1977
BRUNNEN

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

01/26/10

L10000009298

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 SW 12TH AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 440

POMPANO BEACH, FL 33069

(b) Northwest Registered Agent LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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.

Morgan Noble

Signature of a member or authorized representative of a member

Morgan Noble

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 605, 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.

Tom Glover

Signature of Registered Agent

Tom Glover - Assistant Secretary

APPROVED
AND
FILED
2022 SEP - 8 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA