

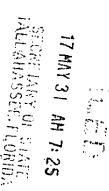
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com,

Date: May 26, 2017

Order#: 635632/024

Re: BRANDON ANESTHESIA ASSOCIATES DIVISION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	ame of the limited liability company: BRANDON ANE	STHESIA	ASSOCIATES DIVISION, LLC
2. (a)	7700 West Sunrise Boulevard Mailstop PL-6 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plantation FL 33322		
	06/09/2010	<u>. L</u>	10000061660
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MARCUS JILLIAN		
• /	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:
	7700 WEST SUNRISE BOULEVARD		- E9 3
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	(A)
	Plantation , FL	33322	
(b)		·	Zes
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 6</u>	Office addres	<u>ss</u> :
	1201 Hays Street		
	NEW Registered Office Address:		
		· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, FL_	32301	
the cha agent v was/wo the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaker authorized by an affirmative vote of the members of ides of organization or the operating agreement of the l	the register bility comp the limited imited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	fure of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mer	ty accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc för in Cha ereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu		BY: Grac	e E. Kirby, Asst. Vice President

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