

L10000061661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

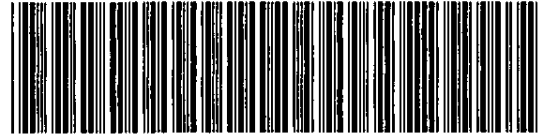
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY 31 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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#: 635632/107

Re: GULFCOAST ANESTHESIA PARTNERS 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. Name of the limited liability company: GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

2. (a) 7700 West Sunrise Blvd Mailstop PL-6 (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)*

_____ _____
 Plantation FL 33322 _____

3. 06/09/2010 4. L10000061661
 Date of filing/registration in Florida Document number

5. (a) MARCUS JILLIAN
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7700 WEST SUNRISE BLVD
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____ _____
 Plantation, FL 33322

(b) Corporation Service Company
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:

_____ _____
 Tallahassee, FL 32301

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 MAY 31 AM 7:29
 FILED

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.

Jill C. Cilmi _____
 Signature of a member or authorized representative of a member Jill Cilmi, Authorized Person
 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 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.

Grace E. Kirby _____
 Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President