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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
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LLC REGISTERED AGENT CHANGE
ORLANDO ANESTHESIA PARTNERS, LLC

Certificate of Status	0
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DEC 20 2018

A. LUNT

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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 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: Orlando Anesthesia Partners, LLC
2. (a) 255 CITRUS TOWER BLVD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 100
CLERMONT, FL 34711
- (b) PO BOX 50010
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
LIGHTHOUSE POINT, FL 33074
3. 11/17/2010
Date of filing/registration in Florida
4. L10000119763
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:
325 SW 14TH AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
#3
POMPANO BEACH, FL 33069
- (b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
11380 Prosperity Farms Road #221E
NEW Registered Office Address:
Palm Beach Gardens, FL 33410

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

Caitlin Lazarus, Attorney-in-Fact

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 reject 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

Caitlin Lazarus, Special Secretary

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

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18 DEC 19 AM 8:55
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