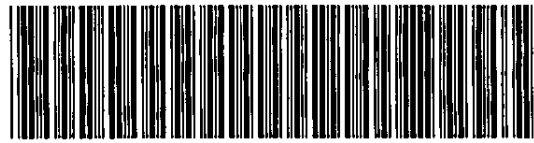


L11000116680



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11/15/16--01010--021 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2017 JAN 23 PM 2:02

M. MILLIGAN
JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2016

S & P ANESTHESIA, LLC
ATTN: SAMILDRE PACHECO
2440 HOOKS ST
CLERMONT, FL 34711

SUBJECT: S & P ANESTHESIA, LLC
Ref. Number: L11000116680

RECEIVED
2017 JAN 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for S & P ANESTHESIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 516A00024406

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & P Anesthesia, 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:

Samildre Pacheco
Name of Person

S & P Anesthesia, LLC
Firm/Company

2440 Hooks St
Address

Clermont, FL 34711
City/State and Zip Code

administrator@southlakepaininstitute.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samildre Pacheco at (352) 394-0833
Name of Person 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

check was previously mailed

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: S & P Anesthesia, LLC

2. (a) 2440 Hooks St Clermont, FL 34711 (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/11/2011 Date of filing/registration in Florida 4. L11000116680 Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
12907 Tiger Lilly Ct
Clermont, FL 34711

2017 JAN 23 PM 2:02

(b) Samildre Pacheco
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2440 Hooks St
Clermont, FL 34711
_____, FL _____

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]
Signature of a member or authorized representative of a member

Samildre Pacheco
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.

[Signature]
Signature of Registered Agent