

L12000152 447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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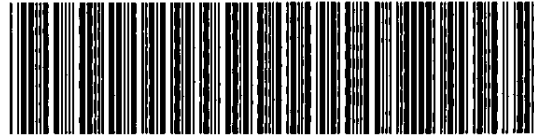
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
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APR 24 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anesthesia Associates of Central Florida, 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:

Name of Person

**Anesthesia Associates of Central Florida, LLC**

Firm/Company

PO Box 669541

**Address**

Pompano Beach, FL 33066

City/State and Zip Code

docyoza1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mitchell Moore, Esquire**

at ( 954 ) 263-3814

Name of Person

Area Code &amp; 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

**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: Anesthesia Associates of Central Florida, LLC

2. (a) 100 N Dean Road (b) PO Box 50010

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Orlando, FL 32825

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Lighthouse Point, FL 33074

12/06/2012

L12000152447

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

PLANTATION, FL 33324

(b) Physicians First Management Service Organization, LLC

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

325 SW 14th Avenue #3

**NEW** Registered Office Address:

Pompano Beach, FL 33069

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.

4-13-2017  
Signature of a member or authorized representative of a member

Mitchell Moore, Esquire

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 of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

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17 APR 21 PM 12:59