

L120000152447

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for filing annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
ANESTHESIA ASSOCIATES OF CENTRAL FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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A. LUNT

2018 DEC 19 AM 10:31

FILED
18 DEC 19 AM 8:55
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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 RD (b) PO BOX 50010

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32825

LIGHTHOUSE POINT, FL 33074

12/06/2012

L12000152447

3. Date of filing/registration in Florida

4. 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 #3

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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.

Caitlin Lazarus, Attorney-in-Fact

Signature of member or authorized representative of a member

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Caitlin Lazarus, Special Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA