

L14512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

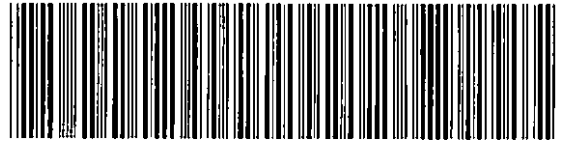
(Business Entity Name)

(Document Number)

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FALL 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SARASOTA ANESTHESIOLOGISTS, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** L14512

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Orendorff | P.A.

Name of Contact Person

Blalock Walters, P.A.

Firm/Company

802 11th Street West

Address

Bradenton, FL 34205

City/State and Zip Code

dbecker@sarasotaanesthesia.com

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

For further information concerning this matter, please call:

Sarah Orendorff | FRP

Name of Contact Person

at ( 941 ) 748-0100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DELIVERED  
TALLAHASSEE

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sarasota Anesthesiologists, P.A.
2. The principal office address: 1261 South Tamiami Trail, Suite 1261, Sarasota, FL 34329

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/01/1989 Document number: L14512

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert Stroud, Esq.  
One Sarasota Tower, 2 N. Tamiami Trail  
Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Blalock Walters, P.A.  
802 11th St. W.  
Bradenton, FL 34205

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:



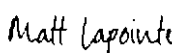
Signature of authorized officer or director

Din Kagalwala

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

DocuSigned by:



Signature of Registered Agent

10/18/2024

Date

If signing on behalf of an entity:

Matthew J. Lapointe

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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