L98000002104

faxing again because I Forgot to put the Fax Audit # on my original fax. Thx

# Florida Department of State

Division of Corporations
Public Access System

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## Electronic Filing Cover Sheet

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R/A Change

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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.
Account Number : I20050000131
Phone : (305)887-9060
Fax Number : (305)888-3192

L98-2104

## REGISTERED AGENT CHANGE

**MERCY ANESTHESIA GROUP, L.C.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | $87.50 |

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**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Mercy Anesthesia Group, L.C.
(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:

Deidre Garces
(Name of Person)

The Law Offices of Max A. Adams, Esq.
(Firm/Company)

1400 NW 10th Avenue, Suite 1211
(Address)

Miami, FL 33136
(City/State and Zip Code)

For further information concerning this matter, please call:

Deidre Garces at (305) 887-9060
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

**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

INHS18 (8/05)

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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 608.416 or 608.508, 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. The name of the limited liability company is: Mercy Anesthesia Group, L.C.

2. The mailing address of the limited liability company is : 9040 SW 117 Street, Miami, FL 33176

10/05/1998 — 3. Date of filing/registration in Florida

L98000002104 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

B & C Corporate Services, Inc.
Name

One Biscayne Tower, 21st Floor, 2 South Biscayne Blvd.
Address

Miami, Florida 33131
City, State and Zip

6. The name and address of the new registered agent and/or office:

Max A. Adams, Esq.
Name

1400 NW 10th Avenue, Suite 1211
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33136
City, State and Zip

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TALLAHASSEE FLORIDA

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)

Max A. Adams, Esq., as attorney-in-fact
(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 608, 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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