M13000002006

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAII										
(Address) (City/State/Zip/Phone #)										
(City/State/Zip/Phone #)										
PICK-UP WAIT MAII	(City/State/Zip/Phone #)									
	-									
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to Filing Officer:										
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Special Instructions to Filing Officer:										

Office Use Only



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17 MAY 17 PT 2: 48
SECRETARY OF STATE
FLORIDA

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.ocm

Date: May 15, 2017

Order#: 623626-011

Re: AMSURG ALTAMONTE SPRINGS ANESTHESIA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. Na	me of the limited liability	company: AM	ISURG ALTA	MONTE	SPRINGS A	ANESTHESIA, LLO		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_ (b)	1A Burton Hills Blvd Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Nashville	TN	37215	-	Nashville		TN	37215
2	03/29/2013		. 1.		M1300000		-	
3.	Date of filing/re	gistration in FIG	orida	4.		Document number	•	
5. (a)	NRAI Services, Inc							
	Registered Agent and Register	ed Office shown o	n the records of th	he Florida l	Dept. of State:			
	1200 South Pine Island	Road						
	Registered Office Address	(MUST BE FLOR	IDA STREET A	<u>DDRESS)</u>				
	Plantation		, FL_	33324			SHO	17 1
4.5	Composition Commission Co					• •	至而	MAY
(b)	Corporation Service Co Enter name of <u>NEW Register</u>		EW Registered (Office add	ress:		SSA GES	FIL Y 17
					<u> </u>		EQ.	<u>⊋</u> □
	1201 Hays Street						. S.	N .
	NEW Registered Office Addr	ess:					ATE	2: 4:
	Tallehannen			22204				
	Tallahassee		, FL_	32301				
the cha agent w was/we	mited liability company inge or changes are made, will be identical. Or, in the re authorized by an affirr cles of organization or the	the Florida stre e case of a Flor native vote of th	et address of t ida limited lia ne members of	the regist bility cor the limit	ered office npany, it is led liability	and the business on hereby confirmed company or as oth	ffice of that the	the registered change(s)
	Jill Cilmi			Jill C		zed Person	of classes	
_	ure of a member or authorized	•				Printed or typed name	•	
попунед	y accept the appointment ons of all statutes relative gations of my position as ly reflect a change in the lin writing of this change	: D:\						
Signatui	e of Registered Agent Corpo	ration Service				oy, Assistant Vic	e Presid	ent