

PO1000025608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

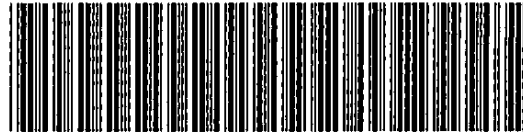
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2006

GAYLE PERRY
PERRY ANESTHESIA SERVICES, INC.
3651 S CENTRAL AVE #301
FLAGLER BEACH, FL 32136

SUBJECT: PERRY ANESTHESIA SERVICES, INC.
Ref. Number: P01000025608

We have received your document for PERRY ANESTHESIA SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 906A00063046

*Please note new mailing address for
corporation as well.*

Thank you

Gayle Perry

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perry Anesthesia Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 01000025608

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:

Gayle Perry
(Name of Contact Person)

Perry Anesthesia Services, Inc
(Firm/Company)

3651 S S Central Ave #301
(Address)

Flagler Beach FL 32136
(City/State and Zip Code)

For further information concerning this matter, please call:

Gayle Perry at (407) 782-2474
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Gayle Perry

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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: Perry Anesthesia Services, Inc.
2. The principal office address: 3051 S. Central Ave #301
Flagler Beach FL 32136
3. The mailing address (if different): 3766 Roscommon Dr PMB 190
Ormond Beach FL 32174
4. Date of incorporation/qualification: 3/8/01 Document number: PO1000025608
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hess + Hess CPA's, P.A.
2881 Old Castle Dr
Winter Park, FL 32792

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

Hess + Hess CPA's P.A.
915 Outer Rd, Ste 100
(P.O. Box NOT acceptable)
Orlando FL 32814

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.

Gene Hess
(Signature of registered agent)

Gayle Perry, pres
(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.

Gene Hess for Hess +
(Signature of Registered Agent)

10/14/06
(Date)

If signing on behalf of an entity:

HESS + Hess CPA'S, P.A. Gene Hess
(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 (8/05)

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OCT 13 PM 4:22
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE