

**P02000051566**

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

From:  
Account Name : JUDD, SHEA, ULRICH, ORAVEC, WOOD & DEAN, P.A.  
Account Number : I19980000022  
Phone : (941)955-5100  
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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE**

**A PROPOS ANESTHESIA, P.A.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*RA Change  
T. Lewis 8/23/02*

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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: A PROPOS ANESTHESIA, P.A.
2. The principal office address: 15 Paradise Plaza, #330  
Sarasota, FL 34239
3. The mailing address (if different): 2999 S TAMiami TRAIL  
SARASOTA FL 34239
4. Date of incorporation/qualification: May 6, 2002 Document number: P02000051566
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
- Richard D. Ahlquist  
2088 Hawthorne Street  
Sarasota, FL 34239
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- John Shea  
2940 S. Tamiami Trail  
Sarasota, FL 34239
- (P.O. Box or personal mailbox 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.

(Signature of an officer, chairman or vice chairman of the board)

Barbara Joseph, Vice President  
(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.

(Signature of Registered Agent)

8/23/02 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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