

P020000656394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

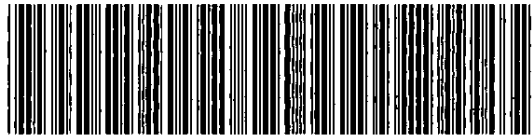
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**Lilliston, Melinda**

P02000056394

**From:** Dr. Michael Willens [willensdo@comcast.net]  
**Sent:** Wednesday, July 15, 2009 9:28 PM  
**To:** CorpAddressChange  
**Subject:** Change of Corporate Address

**With regards to Willens Anesthesia Services, Inc (FEI 010687367)**

**Please change the Principal Address to:**

**3546 St. Johns Bluff Rd. S  
Suite 204  
Jacksonville, FL 32224**

**Please change the mailing address:**

**10920 Baymeadows Rd.  
Suite 27, #107  
Jacksonville, FL 32256**

**Thank you very much.**

**Dr. Michael Willens**

**Florida Profit Corporation**  
WILLENS ANESTHESIA SERVICES, INC.

**Filing Information**

**Document Number** P02000056394  
**FEI Number** 010687367  
**Date Filed** 05/20/2002  
**State** FL  
**Status** ACTIVE  
**Effective Date** NONE

**Principal Address**

8728 CANOPY OAKS DRIVE  
JACKSONVILLE FL 32256  
Changed 04/19/2007

**Mailing Address**

8728 CANOPY OAKS DRIVE  
JACKSONVILLE FL 32256  
Changed 04/19/2007

**Registered Agent Name & Address**

TILLEY & CALLAHAN, P.A., CPAS  
4465 BAYMEADOWS ROAD  
SUITE 3  
JACKSONVILLE FL 32217 US  
Name Changed: 04/19/2007