## P04000159352

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100299059491

05/17/17--01009--009 \*\*35.00

FILED

17 MAY 17 AM 9: 29

SECRETARY OF SHARE

MAY 1 7 2017 S. PRATHER



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.com

Date: May 15, 2017

Order#: 623626/352

Re: MSC ANESTHESIA, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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 CORPORATIONS

statement of ch	nange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statut on organized under the laws of the State of <u>FL</u> or registered agent, or both, in the State of Floria		-
1. The name of	the corporation: MSC ANESTHE	SIA, INC.		
		enue West, Bradenton, FL 34205		
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 11/23/200	Document number: P040001593	52	
	nd street address of the current regularized artment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	e	
	Nash, Linda			
	601 Manatee Avenue West	<u>.</u> .	<b></b>	
	Bradenton	FL 34205	17 HA	7)
6. The name an (if changed):		ered agent (if changed) and /or registered office	YIT AM	
	Corporation Service Company		<b>ب</b> و الم	
	1201 Hays Street		<b>79</b>	
	P.O. Tallahassee	Box NOT acceptable FL 32301		
The street addr	ress of its registered office and th	e street address of the business office of its regis	stered ager	nt,
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	r so	
Jill Cilmi, Vice President		<u></u>		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of f my duties, and I am familiar wil	Printed or typed name and title  Igent and agree to act in this capacity.  all statutes relative to the proper and complete th and accept the obligation of my position as re y to reflect a change in the registered office add otified in writing of this change.	egistered	
By: I ) no	gnature of Registered Agent	05/05/2017 Date		
	ehalf of an entity:			
	, Asst. Vice President	_		
7	Sanad or Drintad Nama			

\* \* \* FILING FEE: \$35.00 \* \* \*