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SECRETARY OF STATE DIVISION OF CORPORATIONS

PS10/29/07

## COVER LETTER

Division of Corporations Miramar Anesthesia & Pain Medicine, P.A. SUBJECT: (Name of Corporation) P06000022896 **DOCUMENT NUMBER:** 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: William J. Spratt, Jr. (Name of Contact Person) **K&L** Gates (Firm/Company) 200 South Biscayne Blvd., 20th Floor (Address) 33131-2399 Miami, Florida (City/State and Zip Code) For further information concerning this matter, please call: William J. Spratt, Jr. 305 539-3300 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

## 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.
Miramar Anesthesia & Pain Medicine, P.A.  1. The name of the corporation:    Miramar Anesthesia & Pain Medicine, P.A.
2. The principal office address:  200 South Biscayne Blvd., 20 <sup>th</sup> Floor, Miami, Florida 33131
3. The mailing address (if different): 200 South Biscayne Blvd., 20th Floor
Miami, Florida 33131-2399
4. Date of incorporation/qualification: Document number: P06000022896
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
William J. Spratt, Jr.
201 S. Biscayne Blvd., Suite 2000
Miami, Florida 33131-2399
Miami, Florida 33131-2399  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  William J. Spratt, Jr.  200 South Biscayne Blvd., 20th Floor
William J. Spratt, Jr.
200 South Biscayne Blvd., 20th Floor
(P.O. Box NOT acceptable)
Miami, Florida 33131-2399
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.
Ignacio Rodriguez, M.D., President
(Signature of an office or director) (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) (Date)
f signing on behalf of an entity:
(Typed or Printed Name)

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