

PO6000022896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900130974169

06/06/08--01020--008 **35.00

FILED
08 JUN -6 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

207 CM
6/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRAMAR ANESTHESIA & PAIN MEDICINE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P06000022896

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:

CHARLES GAMBLE, PARALEGAL
(Name of Contact Person)

K&L GATES
(Firm/Company)

200 SOUTH BISCAYNE BLVD., SUITE 3900
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES GAMBLE at (305) 539-3307
(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

**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: MIRAMAR ANESTHESIA & PAIN MEDICINE, P.A.
2. The principal office address: 8224 S.W. 179TH TERRACE, PALMETTO BAY, FLORIDA 33157
3. The mailing address (if different): 200 SOUTH BISCAYNE BLVD., SUITE 3900, MIAMI, FLORIDA 33131
4. Date of incorporation/qualification: 02/14/2006 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.

200 SOUTH BISCAYNE BLVD., 20TH FLOOR

MIAMI, FLORIDA 33131

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., SUITE 3900

(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33131

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 or director)

Ignacio Rodriguez, M.D., 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)

6/2/08
(Date)

If signing on behalf of an entity:

(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)

FILED
08 JUN -6 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA