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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE AMERICAN ANESTHESIOLOGY OF FLORIDA, INC.

Certificate of Status	0
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COVER LETTER

	Ármeriyen Anestheolok	New of Florida Inc		
SUBJECT:	American Anesthestology of Florida, Inc. Name of Corporation			
	•	•		
DOCUMENT NUMB	ER:P	06000080696		
The enclosed Statemen	it of Change of Registered Off	ce/Agent and fee are submitted for filing.		
Please return all corres	pondence concerning this mutt	er to the following:		
	Name of C	ontact Person		
	Firm/0	Соправу		
•				
	. Ad	dress		
·	City/State a	and Zip Code		
	vinette_bernard	@mednax.com		
E-n	nail address: (to be used for	future annual report notification)		
For further information	concerning this matter, please	call:		
		at (
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 ch	eck made payable to the Depar	rment of State.		
	Mailing Address:	Street Address: Amendment Section		
	Amendment Section			
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR RECISTERED AGENT OR BOTH FOR CORPORATIONS

statement of	Change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	of the corporation: American Ancethesi	- · · · · · · · · · · · · · · · · · · ·
	ipal office address: 1301 CONCORD TI	
3. The mailir	ng address (if different):	
4. Date of inc	corporation/qualification: 6/12/2	006 Document number: P06000080696
	and street address of the current registe spartment of State: (If resigned, enter re	red agent and registered office on file with the signed)
	CORPORATE CREATIONS NETW	ORK, INC.
	11380 PROSPERITY FARMS RD.,	1/221E
	PALM BEACH GARDENS FL 334	TEB 23
6. The name a		agent (if changed) and /or registered office
	C'I' Corporation System	
	c/o C T Corporation System, 1200 Sc	outh Pine Island Road
	P.O. Bo	x NOT acceptable
	Plantation, Florida 33324	
		reet address of the business office of its registered agent,
Such change outhorized by	was authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by an officer so n notified in writing of the change.
Day	ilan Oberke	Barbara Burke, Secretary
hereby occe further agre if my duties, locument is b organition h	pt the appointment as registered ager to to comply with the provisions of all and I am familiar with and accept the veing filed merely to reflect a change as been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the age.
3y: \ Wa	T Corporation System	2/1/2011
Ma	Signature of Registered Ayanx behalf of an entity: donna Cuddihy	Date
-Special	Assistant Socretary	
	* * * PD INC	: IDP IP - 625 NA * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)