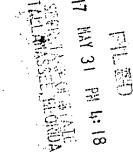
P0800051813

Office Use Only



100298805061

05/31/17--01028--006 **35.00



JUN 0 5 2017 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: May 26, 2017

Order#: 635632/156

Re: PINECREST ANESTHESIA ASSOCIATES, 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:Tecora Bell 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.

INCA.XCOA

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

statement of cha	ange is submitted for a corporation	organized under the laws of the State of FL
1. The name of	the corporation: PINECREST ANE	se Blvd Mailstop PL-6 Plantation FL 33322 ss (if different): ion/qualification: 06/12/2008
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/12/2008	Document number: P08000057813
	MARCUS JILLIAN	
	7700 WEST SUNRISE BLVD	
	Plantation	FL 33322
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O. Bo Tallahassee	· · · · · · · · · · · · · · · · · · ·
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
	e & Wilne	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with is document is being filed merely to that the corporation has been noti	nt and agree to get in this canacity
By: Lin	ace Cokuble	
	half of an entity:	Date
	Asst. Vice President	
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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