

PD8000093/80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

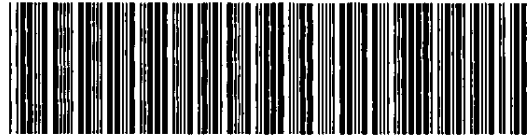
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600239523306

09/14/12--01008--002 **35.00

LA RW by

FILED
2012 SEP 28 PM 2:18
CLERK (MAY) BY STATE
COURT CLERK, PHOENIX

SEP 28 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2012

GABRIEL RAMSEY
RAMSEY ANESTHESIA PA
6304 TANAGER COVE
BRANDON, FL 34202

SUBJECT: RAMSEY ANESTHESIA PA
Ref. Number: P08000093180

We have received your document for RAMSEY ANESTHESIA PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Gabriel Ramsey must sign document also in the space for officer/director signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 512A00023359

RECEIVED
12 SEP 28 AM 10:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

Ramsey Anesthesia PA

SUBJECT: _____
Name of Corporation

P08000093180

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:

Gabriel Ramsey

Name of Contact Person

Ramsey Anesthesia PA

Firm/Company

6304 Tanager Cove

Address

Bradenton, FL 34202

City/State and Zip Code

gaberamsey@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Ramsey

Name of Contact Person

at (**304**) **543-2456**

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.

Ramsey Anesthesia PA

1. The name of the corporation: 6304 Tanager Cove Bradenton, FL 34202

2. The principal office address: _____

3. The mailing address (if different): same

4. Date of incorporation/qualification: 10/14/2008 Document number: P08000093180

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc. 13302 Winding Oaks Blvd.
Tampa, FL 33612 Ste A-100

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chrystie Ramsey


6304 Tanager Cove

P.O. Box NOT acceptable

Bradenton, FL 34202

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

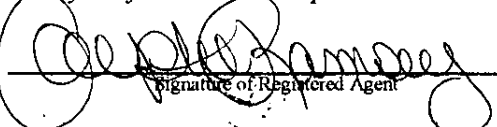
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Gabriel Ramsey

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

8/27/2012

Date

If signing on behalf of an entity:

Chrystie Ramsey

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 (03/12)