

PO9000079000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

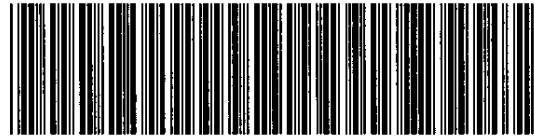
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 05 2017  
S. YOUNG

17 JUN 31 PM 4:19  
FILING OFFICE  
JUN 05 2017



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@cscglobal.com

Date: May 26, 2017

Order#: 635632/173

Re: SHERIDAN ANESTHESIA SERVICES OF LOUISIANA, 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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHERIDAN ANESTHESIA SERVICES OF LOUISIANA, INC.

2. The principal office address: \_\_\_\_\_  
7700 West Sunrise Blvd Mailstop PL-6 Plantation FL 33322

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/22/2009 Document number: P09000079000

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)

MARCUS JILLIAN

7700 WEST SUNRISE BLVD

Plantation

FL 33322

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice 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.*

Corporation Service Company

By: Grace E. Kirby  
Signature of Registered Agent

05/24/2017

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)