Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000089404 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

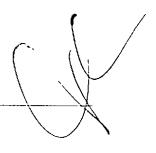
Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

REGISTERED AGENT CHANGE SHUAIB ANESTHESIA SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



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

statement of change	issions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria is submitted for a corporation organized under the laws of the State o change its registered office or registered agent, or both, in the State o	of Florida	ris	-
1. The name of the c	orporation: Shuaib Anesthesia Services Inc.			
2. The principal offic	ce address:			_
3. The mailing addre	ess (if different):			_
4. Date of incorporat	ion/qualification: 04/05/2023 Document number: P23000	0027356		_
5. The name and stre Florida Departmen	eet address of the current registered agent and registered office on file nt of State: (If resigned, enter resigned)	with the		
UNI	TED STATES CORPORATION AGENTS, INC.			
476	RIVERSIDE AVE.	—	202	
JAC	KSONVILLE, FL 32202		2024 MAR	
6. The name and stree (if changed):	et address of the new registered agent (if changed) and /or registered	_ 4H/\$S\$E	9-	
Regi	istered Agents Inc	m _{co}	AM 10: 02	
7901	1 4th St N STE 300		02	
St. F	P.O. Box NOT acceptable Petersburg FL 33702			
The street address of as changed will be id	its registered office and the street address of the business office of lentical.	— fits registere	d agen	ί,
Such change was autauthorized by the box	thorized by resolution duly adopted by its board of directors or by a ard, or the corporation has been notified in writing of the change.	an officer so		
	1.3.47.6.773 KARIM SHUAIB - P		***********	
I hereby accept the a I further agree to co of my duties, and I ar document is being fil	printed or lifector uppointment as registered agent and agree to act in this capacity, inply with the provisions of all statutes relative to the proper and come familiar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I her notified in writing of this change.		ormana Or, if th that th	ce is e
Doil Chers	03/06/2024			
Signature of Signature of Signing on behalf of	of Registered Agent Date	<u> </u>		
David Roberts	or an entity.			
	Printed Name			

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