

P93000065562

Requester's Name

Atachua Anesthesiologists INC  
4131 NW 13th ST.  
Suite 101  
Gainesville, FL 32609

500005785705 --9  
-06/17/02--01044--018  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Alachua Anesthesiologists, Inc.

2. The mailing address of the corporation : 4131 NW 13th St. Suite 101  
Gainesville, FL 32609

3. Date of incorporation/qualification: 9/13/93 Document number: P93000065562

4. The name and address of the current registered agent and office:

Erk Zander, MD  
801 SW 2nd Avenue  
Gainesville, FL 32601

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

Dominick DiRico, MD  
801 SW 2nd Avenue  
Gainesville, FL 32601

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.

Dominick E DiRico, MD  
(Signature of an officer, chairman or vice chairman of the board)

6/12/02  
(Date)

Dominick DiRico, MD President / Director  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Dominick E DiRico  
(Signature of Registered Agent)

6/12/02  
(Date)

If signing on behalf of an entity:

Dominick DiRico, MD  
(Typed or Printed Name)

President / Director  
(Capacity)

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

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