

P93000075291

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

UNIVERSAL ANESTHESIA CARE, P.A.

Certificate of Status	0
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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 : UNIVERSAL ANESTHESIA CARE, P.A.
2. The mailing address of the corporation : 2822 WEST VIRGINIA AVENUE
TAMPA, FLORIDA 33607
3. Date of incorporation/qualification: 11/01/1993 Document number: P93000075291
4. The name and address of the current registered agent and office:
JOSEPH W. RUGG
C/O ANNIS, MITCHELL, COCKEY, EDWARDS, & ROHEN
201 N. FRANKLIN STREET, SUITE 2100
TAMPA, FLORIDA 33601
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
WILLIAM KALISH
C/O KALISH & WARD, P.A.
101 EAST KENNEDY BOULEVARD, SUITE 4100
TAMPA, FLORIDA 33602

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.


(Signature of an officer, chairman or vice chairman of the board)

Winston C. V. Parris, M.D. - CEO

(Printed or typed name and title)

6/19/01
(Date)

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.


(Signature of Registered Agent) William Kalish

6/19/01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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