

P94000042607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

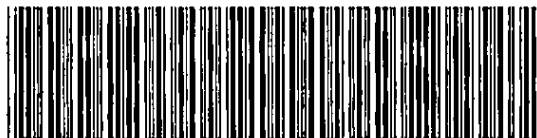
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000312765610

05/03/18--01009--013 \*\*35.00

FILED  
2018 MAY -3 PM 3:22  
ALB

R+R/RO/CHG

MAY 04 2018

ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Central Brevard Anesthesiologists, P.A.  
Name of Corporation

DOCUMENT NUMBER: P94000042607

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:

Kelley McRae

Name of Contact Person

Central Brevard Anesthesiologists, P.A.

Firm/Company

P.O. Box 561420

Address

Rockledge, FL 32956

City/State and Zip Code

centralbrevardanesthesia@hotmail.com

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

For further information concerning this matter, please call:

Kelley McRae

Name of Contact Person

at ( 321 ) 637-2616

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.

1. The name of the corporation: Central Brevard Anesthesiologists, P.A.
2. The principal office address: 110 Longwood Ave  
Rockledge, FL 32956
3. The mailing address (if different): P.O. Box 561420  
Rockledge, FL 32956
4. Date of incorporation/qualification: 06/02/1994 Document number: P94000042607
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)

Lefkowitz, Shaw and Sentner

430 N. Mills Ave.

Orlando, FL 32603

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

Thomas C. Shaw

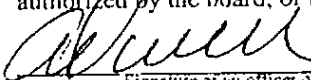
2200 Lucien Way Ste. 405

P.O. Box NOT acceptable

Maitland, FL 32751

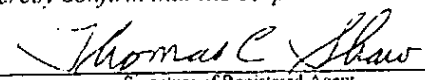
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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

Andrea Orphanos, M.D., 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.*

  
Signature of Registered Agent

April 13, 2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)