

P94000087911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

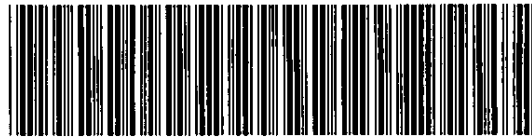
(Business Entity Name)

(Document Number)

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13 APR 25 PM 4:59

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TO AGENT FOR  
CERTIFICATE OF FILING

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF REGISTRATION

PA Change

04-26-13

DC

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 4/25/13**

**NAME: MID-FLORIDA ANESTHESIA ASSOCIATES, INC**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**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: MID-FLORIDA ANESTHESIA ASSOCIATES, INC.
2. The principal office address: 2100 SE OCEAN BLVD, SUITE 100  
STUART, FL 34996
3. The mailing address (if different): C/O PAMELA J. BUMBERA, 10244 US Highway 1  
PORT ST LUCIE, FL 34952
4. Date of incorporation/qualification: 12/05/1994 Document number: P94000087911
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)

MARC I LEVINE

2100 SE OCEAN BLVD, SUITE 100

STUART, FL 34996

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

NRAI SERVICES, INC.

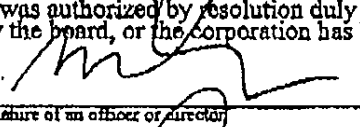
1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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

Marc Levine, 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

4/25/2013

\_\_\_\_\_  
Date

If signing on behalf of an entity: /

K Rahm, Asst Secretary to NRAI Services

\_\_\_\_\_  
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)

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