

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : GREENBERG TRAUIG - FORT LAUDERDALE  
Account Number : I20040000196  
Phone : (954) 765-0500  
Fax Number : (954) 765-1477

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

Email Address: spiasecki@faacoastalpain.com

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE  
MID-FLORIDA ANESTHESIA ASSOCIATES, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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PA change  
7-9-13

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MID-FLORIDA ANESTHESIA ASSOCIATES, INC.

Name of Corporation

**DOCUMENT NUMBER:** P94000087911

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:

**Sherry Piasecki**

Name of Contact Person

**MID-FLORIDA ANESTHESIA ASSOCIATES, INC.**

Firm/Company

**2100 SE OCEAN BLVD, SUITE 100**

Address

**STUART, FL 34996**

City/State and Zip Code

**spiasecki@mfaacoastalpain.com**

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

For further information concerning this matter, please call:

**Sherry Piasecki**

Name of Contact Person

at ( 772 ) 403-1496  
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

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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, 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)

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Sherry Plasecki

2100 SE OCEAN BLVD, SUITE 100

P.O. Box NOT acceptable

STUART, FL 34996

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

Andrew Barnett, President and CEO

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

7/2/13  
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)

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