

P95000021680

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Florida Department of State

**Division of Corporations
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**REGISTERED AGENT CHANGE
THAKKAR ANESTHESIA ASSOCIATES, P.A.**

Certificate of Status	0
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THAKKAR ANESTHESIA ASSOCIATES, P.A.
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COVER LETTER

TO: Amendment Section
Division of Corporations

Thakkar Anesthesia Associates, P.A.

SUBJECT: _____
Name of Corporation

P95000021680

DOCUMENT NUMBER: _____

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:

Radha V. Bachman, Esq.

Name of Contact Person

Carlton Fields, P.A.

Firm/Company

PO Box 3239

Address

Tampa, FL 33601

City/State and Zip Code

vthakkar@hotmail.com

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

For further information concerning this matter, please call:

Radha V. Bachman, Esq.

813 229-4382

at ()

Name of Contact Person

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

CR2ED045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

((H13000168690 3)))

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: Thakkar Anesthesia Associates, P.A.
2. The principal office address: 3581 S. Highlands Ave., Sebring, FL 33870
3. The mailing address (if different): Same as above.

4. Date of incorporation/qualification: 03/17/1995 Document number: P95000021680

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)

Michael Bittman, Esq.

301 E PINE STREET, STE 1400

Orlando, FL 32801

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

CFRA, LLC

100 S. Ashley Drive, Suite 400

P.O. Box NOT acceptable

Tampa, FL 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, or the corporation has been notified in writing of the change.

Tarika V. Thakkar
Signature of an officer or director

Tarika V. Thakkar

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.

Joyce F. Bentubo
Signature of Registered Agent

7/29/13
Date

If signing on behalf of an entity:

Joyce F. Bentubo
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

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