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Division of Corporations

P95000021680

Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : FISHER BROYLES, LLP  
Account Number : I20180000022  
Phone : (813)200-6114  
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Email Address: radha.bachman@fisherbroyles.com

**REGISTERED AGENT CHANGE  
THAKKAR ANESTHESIA ASSOCIATES, P.A.**

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**COVER LETTER****TO:** Amendment Section  
Division of Corporations**SUBJECT:** Thakkar Anesthesia Associates, P.A.  
Name of Corporation**DOCUMENT NUMBER:** P95000021680

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 Bachman

Name of Contact Person

FisherBroyles, LLP

Firm/Company

4830 W. Kennedy Blvd., Ste. 600

Address

Tampa, FL 33609

City/State and Zip Code

radha.bachman@fisherbroyles.com

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

For further information concerning this matter, please call:

Radha Bachman

Name of Contact Person

at (813) 200-6114

Area Code &amp; 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303FILED  
2021 NOV 12 PM 12:45  
SECRETARY OF STATE  
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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: Thakkar Anesthesia Associates, P.A.

2. The principal office address: 1009 Sebring Parkway, Suite 101, Sebring, FL 33870

3. The mailing address (if different): \_\_\_\_\_

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)

RESIGNED CF Registered Agent, Inc.

100 S. Ashley Dr., Suite 400

Tampa, FL 33602

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

FisherBroyles, LLP

625 Tamiami Trail North, Ste. 203

P.O. Box NOT acceptable

Naples, FL 34102

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 Thakkar  
Signature of an officer or director

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.

Radha V. Bachman  
Signature of Registered Agent

November 3, 2021

Date

If signing on behalf of an entity:

Tarika Thakkar, M.D.

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 (04/13)

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