

P96000003399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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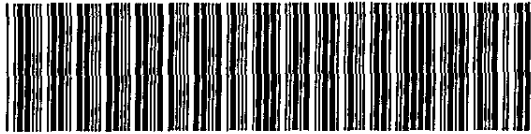
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hollywood Anesthesia Associates, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: P96000003399

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:

Meilani N. Rivera  
(Name of Contact Person)

Team Health Anesthesia Management Services, Inc.  
(Firm/Company)

P. O. Box 85057  
(Address)

San Diego, CA 92186-5057  
(City/State and Zip Code)

For further information concerning this matter, please call:

Meilani N. Rivera at ( 619 ) 495-2034  
(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

**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: Hollywood Anesthesia Associates, P.A.
2. The principal office address: 4362 Northlake Boulevard, Suite 207, Palm Beach Gardens, FL 33410
3. The mailing address (if different): P. O. Box 85057, San Diego, CA 92186-5057
4. Date of incorporation/qualification: January 8, 1996 Document number: P96000003399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joshua L. Dubin, P.A.

17701 Biscayne Boulevard, Suite 201

Aventura, FL 33160

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

Walter Diaz, M.D.

13100 Parkside Terrace

(P.O. Box NOT acceptable)

Cooper City, FL 33330

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)

Walter Diaz, M.D., PSTD

(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)

10/5/05  
(Date)

If signing on behalf of an entity:

WALTER DIAZ, 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 (8/05)

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