

P960000 88720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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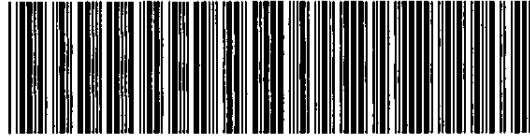
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 08 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

Anesthesia Providers, Inc
Name of Corporation

DOCUMENT NUMBER: _____

#P96000088720

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:

Darlene Hudson
Name of Contact Person

Anesthesia Providers Inc
Firm/Company

2655 N. Ocean Dr #312
Address

Singer Island, FL 33404
City/State and Zip Code

hooks@anesthesiaproviders.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Hudson
Name of Contact Person

at (*961*) *315 3821*
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Anesthesia Providers, Inc
2. The principal office address: 2655 N. OCEAN DR #312
Singer Island, FL 33404
3. The mailing address (if different): 2655 N. OCEAN DR, #312
Singer Island, FL 33404
4. Date of incorporation/qualification: 10/25/96 Document number: #P96 000088720
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)

~~XXXXXXXXXXXX~~ DARLENE HUNSON
2636 WEST WAY, #2
Singer Island, FL 33404

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

DARLENE HUNSON
2655 N. OCEAN DR #312
P.O. Box NOT acceptable
Singer Island FL 33404

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]
Signature of an officer or director

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]
Signature of Registered Agent

12/30/15
Date

If signing on behalf of an entity:

Darlene Hunson
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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