

P99000111399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

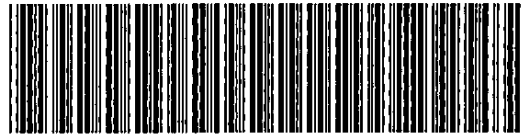
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Lake Anesthesia Services  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000111399

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:

David S. Ghivizzani, M.D.  
(Name of Contact Person)

South Lake Anesthesia Services  
(Firm/Company)

1381 Citrus Tower Blvd, Suite 4  
(Address)

Clermont, Florida 34711  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Connor at ( 352 ) 243-9114  
(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

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.

- CR2E045 (8/05)

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erred agent