P990001113999

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COVER LETTER .

Amendment Section Division of Corporations	
SUBJECT: South Lake Anesthesia Service (Name of Cor	poration)
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	o the following:
David S. Ghivizzani, M.D. (Name of Cont.)	act Person)
South Lake Anesthesia Ser (Firm/Con	
1381 Citrus Tower Blvd, Suit	
Clermont, Florida 34711	
(City/State and	Zip Code)
For further information concerning this matter, please cal	П:
Brian Connor	at (352) 243-9114 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Arca Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	eent 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

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: South Lake Anesthesia Services, P.A. office address: 1381 Citrus Tower Blvd, Suite 4, Clermont, Florida 34711
2. The principal	Toffice address: 1361 Citius Tower Bivd, Suite 4, Olemont, Florida 34711
3. The mailing a	address (if different): 1381 Citrus Tower Blvd, Suite 4, Clermont, Florida 34711
4. Date of incor	poration/qualification: 01/01/2000 Document number: P99000111399
	d street address of the current registered agent and registered office on file with the rtment of State:
	David S. Ghivizzani, M.D.
	17137 Magnolia Island Blvd
	Clermont, Florida 34711
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	David S. Ghivizzani, M.D.
	David S. Ghivizzani, M.D. 1381 Citrus Tower Blvd, Suite 4 (P.O. Box NOT acceptable) Clermont, Florida 34711
	(P.O. Box NOT acceptable)
	Clermont, Florida 34711
The street addr	ress of its registered office and the street address of the business office of its registered agents.
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
y Signal	David S. Ghivizzani, M.D. (Printed or typed name and title)
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
p /6	11/03/2006
(S	ignature of Registered Agent) (Date)
If signing on be	chalf of an entity:
	(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)