

S64996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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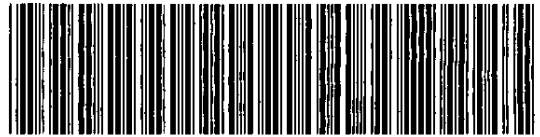
(Business Entity Name)

(Document Number)

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2009 AUG -6 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RA
8/6/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

Edwin Risi
19543 SW 39th Street
Miramar, FL 33158

SUBJECT: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.
Ref. Number: S64996

We have received your document for NORTHWEST ANESTHESIOLOGIST GROUP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in the new registered agent's name and address in the 6th paragraph. Please have the new registered agent sign the form in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 009A00025787

RECEIVED
2009 AUG -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.
Name of Corporation

DOCUMENT NUMBER: S64996

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:

EDWIN RISI
Name of Contact Person

Firm/Company

19543 SW 39TH STREET
Address

MIRAMAR, FL 33158
City/State and Zip Code

risi1986@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN RISI at (786) 514-6342
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: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.
2. The principal office address: 19543 SW 39TH STREET
MIRAMAR, FL 33029
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 07/02/1991 Document number: S64996

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)

ROBERT S. SWAINE
425 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

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

Edwin A. Risi
19543 S.W 39ST
P.O. Box NOT acceptable
MIRAMAR, FL 33029

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SECRETARY OF STATE

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.

Edwin Risi
Signature of an officer or director

EDWIN RISI, 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.

Edwin Risi
Signature of Registered Agent

7/20/2009
Date

If signing on behalf of an entity:

Edwin Risi
Typed or Printed Name

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