

V145223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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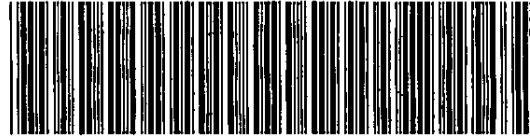
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. White
MAY 17 2016
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southwest Florida Anesthesia Plus, Inc.

Name of Corporation

DOCUMENT NUMBER: V45223

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:

Christina Harris Schwinn

Name of Contact Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

chs@paveselaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Harris Schwinn

Name of Contact Person

at (239) 336-6228

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: Southwest Florida Anesthesia Plus, Inc.
2. The principal office address: 6241 Arc Way, Fort Myers, FL 33966
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/23/1992 Document number: V45223
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)
Vicki Digby
6241 Arc Way
Fort Myers, FL 33966

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

Christina Harris Schwinn

1833 Hendry Street

P.O. Box NOT acceptable

Fort Myers, FL 33901

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.

Vicki Digby, Officer

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.

Vicki Digby
Signature of Registered Agent

May 13, 2016
Date

If signing on behalf of an entity: *Christina Harris Schwinn*

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 (03/12)

STATE OF FLORIDA
TALLAHASSEE

16 MAY 16 PM 12:03

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