2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2013
Secretary of State

DOCUMENT# L08000109006

Entity Name: KTS ANESTHESIA, LLC

Current Principal Place of Business:

3645 NW 85TH TERRACE
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

3645 NW 85TH TERRACE
COOPER CITY, FL 33024 US

New Mailing Address:

FEI Number: 26-3790614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOLTEN, KIMBERLY
3645 NW 85TH TERRACE
COOPER CITY, FL 33024 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY SCHOLTEN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHOLTEN, KIMBERLY T
Address: 3645 NW 85TH TERRACE
City-St-Zip: COOPER CITY, FL 33024 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: KIMBERLY SCHOLTEN PRES 10/05/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date