

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000101241

FILED
Nov 19, 2008
Secretary of State

Entity Name: METRO ANESTHESIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

6001 WEBB ROAD
TAMPA, FL 33615 US

New Principal Place of Business:

2605 S. BEACH DRIVE
TAMPA, FL 33629 US

Current Mailing Address:

6001 WEBB ROAD
TAMPA, FL 33615 US

New Mailing Address:

2605 S. BEACH DRIVE
TAMPA, FL 33629 US

FEI Number: 59-3608944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G ESQ.
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

NENINGER, CELESTINO PSTD
2605 S. BEACH DRIVE
TAMPA, FL 33629 US

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: CELESTINO NENINGER

11/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CHENG, KOON-LIM M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615 US

Title: PSTD (X) Delete
Name: NENINGER, CELESTINO M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: NENINGER, CELESTINO M.D.
Address: 2605 S. BEACH DRIVE
City-St-Zip: TAMPA, FL 33629 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTINO NENINGER

PSTD

11/19/2008

Electronic Signature of Signing Officer or Director

Date