

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 599244

**FILED
Nov 02, 2004
Secretary of State**

Entity Name: GENERAL ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

5975 SW 8TH ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

PO BOX 1628
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-1912525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PINO, VICENTE
5975 SW 8TH ST
MIAMI, FL 33144 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:

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: PD () Delete
Name: PINO, VIRENTE
Address: 5975 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: RIESCO, MARLENE
Address: PO BOX 1628
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: PINO, TOMAS
Address: PO BOX 1628
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PINO, VICENTE T PRESIDE
Address: 5975 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

Title: T (X) Change () Addition
Name: RIESCO, MARLENE TREASSU
Address: PO BOX 1628
City-St-Zip: MIAMI, FL 33144

Title: S (X) Change () Addition
Name: PINO, TOMAS SECRETA
Address: PO BOX 1628
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICENTE PINO

PRES

11/02/2004

Electronic Signature of Signing Officer or Director

Date