

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 599244

FILED
Oct 05, 2009
Secretary of State

Entity Name: GENERAL ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

2660 SW 37 AVE
811
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

5975 SW 8 ST.
MIAMI, FL 33144 US

Current Mailing Address:

2660 SW 37 AVE
811
COCONUT GROVE, FL 33133 US

New Mailing Address:

5975 SW 8 ST.
MIAMI, FL 33144 US

FEI Number: 26-0854748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINO, VICENTE
2660 SW 37 AVE.
811
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

10/05/2009

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, VICENTE T PRESIDE
Address: 2660 SW 37 AVE #811
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T () Delete
Name: RIESCO, MARLENE TREASSU
Address: 2660 SW 37 AVE #811
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: PINO, TOMAS SECRETA
Address: 2660 SW 37 AVE #811
City-St-Zip: COCONUT GROVE, FL 33133

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 US

Title: T (X) Change () Addition
Name: RIESCO, MARLENE TREASSU
Address: 5975 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

Title: S (X) Change () Addition
Name: PINO, TOMAS SECRETA
Address: 5975 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

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: VICENTE PINO

PD

10/05/2009

Electronic Signature of Signing Officer or Director

Date