

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000023493

**FILED**  
**Oct 28, 2004**  
**Secretary of State**

**Entity Name:** SUN CITY ANESTHESIA, L.L.C.

**Current Principal Place of Business:**

4016 STATE ROAD 674  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

360 BLANCA AVENUE  
TAMPA, FL 336063630 US

**New Mailing Address:**

**FEI Number:** 35-2187845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

MANGAR, DEVANAND P  
360 BLANCA AVENUE  
TAMPA, FL 336063630 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: DEVANAND MANGAR

10/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MANGAR, DEVANAND M.D.  
Address: 360 SOUTH BLANCA ST.  
City-St-Zip: TAMPA, FL 336063630

**ADDITIONS/CHANGES:**

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

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 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 Statutes.

SIGNATURE: DEVANAND MANGAR

MGR

10/28/2004

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