

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L04000015665

Anesthesia Associates of Tampa Bay, P.L.

CR2E041 (1/07)

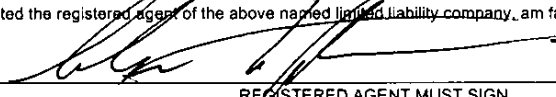
<b>2. Principal Office Address - No P.O. Box #</b> 4178 North Armenia Avenue		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33607	Country USA	Zip	Country

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 02/26/2004	
<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name Jenkins, Andrew T.	
Street Address (P.O. Box Number is Not Acceptable) 220 South Franklin Street	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33602	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

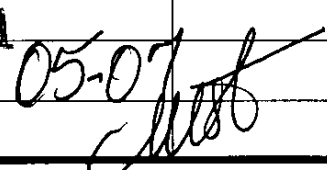
**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent  Date September 12, 2007

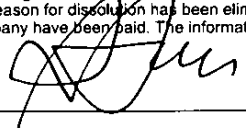
REGISTERED AGENT MUST SIGN

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	John E. Barsa	4178 N. Armenia Ave	Tampa, FL 33607

000109570090  
09/18/07--01025--014 \*\*275.00

**REINSTATEMENT** 05-07 

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of Managing Member/Manager  Date 9/12/07 Daytime Phone # 813. 873. 2496

Typed or printed name of signing Managing Member/Manager John E. Barsa, Manager