2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000123181

Entity Name: BLACKSTONE ANESTHETIC SERVICES, P.L.L.C.

FILED Nov 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1860 VENETIAN POINT DR. 305 SPRING COURT CLEARWATER, FL 33755 CLEARWATER, FL 33755

Current Mailing Address: New Mailing Address:

1860 VENETIAN POINT DR. 305 SPRING COURT CLEARWATER, FL 33755 CLEARWATER, FL 33755

FEI Number: 57-1227248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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

BLACKSTONE, JAMIE

1860 VENETIAN POINT DR.

CLEARWATER, FL 33755 US

BLACKSTONE, JAMIE

305 SPRING COURT

CLEARWATER, FL 33755 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: JAMIE BLACKSTONE 11/05/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BLACKSTONE, RALF W
 Name:
 BLACKSTONE, RALF W

 Address:
 1860 VENETIAN POINT DR.
 Address:
 305 SPRING COURT

 City-St-Zip:
 CLEARWATER, FL 33755 US
 City-St-Zip:
 CLEARWATER, FL 33755 US

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 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: JAMIE BLACKSTONE MS. 11/05/2007