

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000067795

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025

**New Principal Place of Business:**

256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025 UN

**Current Mailing Address:**

256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 20-5181108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REICHERT, RICHARD  
256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025 US

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

DOUBERLY, VIVIAN  
256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025 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: VIVIAN DOUBERLY

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NORTH FLORIDA SURGERY CENTER, INC.  
Address: 256 PROFESSIONAL GLEN, SUITE 101  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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: RICHARD R. REICHERT, MD

MGRM

01/06/2012

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