

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000003974

FILED
Oct 22, 2010
Secretary of State

Entity Name: PREFERRED ANESTHESIA PROVIDERS LLC

Current Principal Place of Business:

909 SANTA ROSA BLVD. UNIT 561
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541

Current Mailing Address:

909 SANTA ROSA BLVD. UNIT 561
FORT WALTON BEACH, FL 32548

New Mailing Address:

770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541

FEI Number: 20-8073575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUMAR, NITA
909 SANTA ROSA BLVD. UNIT 561
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

KUMAR, NITA
770 HARBOR BLVD
UNIT 3G
DESTIN, FL 32541 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: NITA KUMAR

10/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KUMAR, NITA
Address: 770 HARBOR BLVD UNIT 3G
City-St-Zip: DESTIN, FL 32541

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: NITA KUMAR

OWNE

10/22/2010

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