

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000125109

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** BERTRAND ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

6586 HYPOLUXO ROAD, SUITE 245  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6586 HYPOLUXO ROAD, SUITE 245  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 37-1563679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERTRAND, PAUL  
6586 HYPOLUXO ROAD, SUITE 245  
LAKE WORTH, FL 33467 US

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

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: PAUL BERTRAND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BERTRAND, PAUL  
Address: 6586 HYPOLUXO ROAD, SUITE 245  
City-St-Zip: LAKE WORTH, FL 33467

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: PAUL BERTRAND

MR.

01/12/2011

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