

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000019457

FILED  
Dec 23, 2009  
Secretary of State

Entity Name: H.O.R.S.E. ANESTHESIA, PLLC

**Current Principal Place of Business:**

10021 PINES BLVD  
206  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

10021 PINES BLVD  
206  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 26-2124238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

LEANO, RICARDO A  
10021 PINES BLVD  
206  
PEMBROKE PINES, FL 33024 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: LUIS CARLOS LEANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEANO, RICARDO A  
Address: 10021 PINES BLVD STE 206  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR ( ) Delete  
Name: LEANO, LUIS CARLOS  
Address: 10021 PINES BLVD STE 206  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS CARLOS LEANO

VP

12/23/2009

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