

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000045061

FILED
Oct 05, 2011
Secretary of State

Entity Name: SPINECARE ANESTHESIA, LLC

Current Principal Place of Business:

5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 80-0184103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HERMOYIAN, EDWARD J
5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242 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: EDWARD J HERMOYIAN

10/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NOBACK, CARL R M.D.
Address: 5700 MIDNIGHT PASS RD. STE 4
City-St-Zip: SARASOTA, FL 34242

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: CARL R. NOBACK MD

MBR

10/05/2011

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