

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000077561

FILED
Oct 14, 2010
Secretary of State

Entity Name: COASTAL ANESTHESIOLOGY CONSULTANTS, P.L.

Current Principal Place of Business:

100 WHETSTONE PLACE, SUITE 310
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

100 WHETSTONE PLACE, SUITE 310
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-3056682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, ELIZABETH D ESQ.
REZNISEK, FRASER, HASTINGS, WHITE
4230 PABLO PROFESSIONAL PARK
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

REZNICSEK FRASER HASTINGS WHITE & SHAFFER
ATTN: ELIZABETH D. SHAW, ESQ.
4230 PABLO PROFESSIONAL PARK
JACKSONVILLE, FL 32224 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: RICK M. REZNICSEK

10/14/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TURNAGE, SHERMAN M.D.
Address: 100 WHETSTONE PLACE, SUITE 310
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM
Name: ADKISON, GREGORY M.D.
Address: 100 WHETSTONE PLACE SUITE 310
City-St-Zip: ST. AUGUSTINE, FL 32086

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: SHERMAN TURNAGE, MD

MGRM

10/14/2010

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