PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR -5 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000172879390
03/31/10--01028--002 **138.7

000172879390
03/23/10--01011--022 **138.75

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000079079

1. Limited Liability Company's Name
Anesthesiology Professionals, LLC.
1900 N Mills Av Ste 100
Orlando, FL 32803

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1900 N Mills Ave	1900 N Mills Ave
Suite, Apt. # etc. Ste 100	Suite, Apt. # etc. Ste. 100
City & State Orlando FL	City & State Orlando, FL
Zip 32803 Country USA	Zip 32803 Country USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: August 2008

6. FEI Number: 26-3202264 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: John J Doyle
Street Address (P.O. Box Number is Not Acceptable): 1900 N Mills Ave
Suite, Apt. # Etc: Suite 100
City: Orlando State: FL Zip Code: 32803

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: X John Joseph Doyle MD Date: 2/25/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member / Manager	City / State / Zip
Mgr	John J Doyle	1900 N Mills Ave Ste 100	Orlando, FL 32803
	S. HAWKES APR 5 2010 EXAMINER		S. HAWKES MAR 3 1 2010 EXAMINER

REINSTATEMENT 37.50
2009-10

11. E-mail Address: david@mccarroncpa.com
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company have been paid. This information included on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: X John Joseph Doyle MD Date: 2/25/10 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

ANESTHESIOLOGY PROFESSIONALS, LLC
1900 N MILLS AVE STE 100
ORLANDO, FL 32803

SUBJECT: ANESTHESIOLOGY PROFESSIONALS, LLC
Ref. Number: L08000079079

We have received your document for ANESTHESIOLOGY PROFESSIONALS, LLC and your check(s) totaling $138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2009 through 2010;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $238.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 110A00007303