2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# L08000087479

Entity Name: SNOOPY ANESTHESIA, LLC

Current Principal Place of Business:

4241 CLOVE STREET
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

4241 CLOVE STREET
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LESH, LOUIS
4241 CLOVE STREET
MIDDLEBURG, FL 32068 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: LOUIS LESH

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LESH, LOUIS
Address: 4241 CLOVE STREET
City-St-Zip: MIDDLEBURG, FL 32068 US

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 Statues.

SIGNATURE: LOUIS X. LESH MGRM 04/22/2012

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