

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000024216

**FILED**  
**Jun 18, 2011**  
**Secretary of State**

**Entity Name:** NOUVEAU ANESTHESIA MEDICAL GROUP, LLC

**Current Principal Place of Business:**

1933 HILTONIA CIRCLE  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85  
CLEVELAND, MS 38732 US

**New Mailing Address:**

**FEI Number:** 26-4745789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRIMES, ELAINE  
1933 HILTONIA CIRCLE  
WEST PALM BEACH, FL 33407 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:** ELAINE GRIMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RICHARDSON, JOSEPH  
**Address:** P.O. BOX 1471  
**City-St-Zip:** LAKEPORT, CA 95453 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 Statutes.

**SIGNATURE:** JOSEPH RICHARDSON

CEO

06/18/2011

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