

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000034290

**FILED**  
**Oct 22, 2012**  
**Secretary of State**

**Entity Name:** NORTH NAPLES ANESTHESIA, LLC

**Current Principal Place of Business:**

1005 CROSSPOINTE DR #2  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1005 CROSSPOINTE DR #2  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 26-4634253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PASCUCCI, STEPHEN  
1005 CROSSPOINTE DR #2  
NAPLES, FL 34110 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:** STEPHEN PASCUCCI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PASCUCCI, MD, STEPHEN  
**Address:** 1005 CROSSPOINTE DR.  
**City-St-Zip:** NAPLES, FL 34110 US

**Title:** MGRM  
**Name:** FISHER, DO, GEORGE B III  
**Address:** 875 105 AVENUE NORTH  
**City-St-Zip:** NAPLES, FL 34110 US

**Title:** MGRM  
**Name:** ZIMM, MD, JEFFREY  
**Address:** 1435 IMMOKALEE ROAD  
**City-St-Zip:** NAPLES, FL 34110 US

**Title:** MGRM  
**Name:** AAWAK II, LLC  
**Address:** 11181 HEALTH PARK BLVD. #1115  
**City-St-Zip:** NAPLES, FL 34108 US

**Title:** MGRM  
**Name:** SMITH, MD, STEPHEN  
**Address:** 4225 EVANS AVE.  
**City-St-Zip:** FORT MYERS, FL 33907 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:** STEPHEN PASCUCCI

MGRM

10/22/2012

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