

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000035425

**Entity Name:** ATLANTIS ANESTHESIA, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2230 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2230 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 26-4295966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDWIN, ANGELA  
2230 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698 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: ANGELA BALDWIN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BALDWIN, ANGELA  
Address: 2230 HIGHLAND WOODS DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM  
Name: BALDWIN, JAMES  
Address: 2230 HIGHLAND WOODS DRIVE  
City-St-Zip: DUNEDIN, FL 34698

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: ANGELA BALDWIN

MGRM

01/09/2012

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