

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000002840

FILED
May 12, 2005
Secretary of State

Entity Name: ASSOCIATES OF ANESTHESIOLOGY LLC

Current Principal Place of Business:

4532 W. KENNEDY BLVD. #323
TAMPA, FL 33609

New Principal Place of Business:

4178 W. ARMENIA AVENUE
TAMPA, FL 33607

Current Mailing Address:

4532 W. KENNEDY BLVD. #323
TAMPA, FL 33609

New Mailing Address:

4178 W. ARMENIA AVENUE
TAMPA, FL 33607

FEI Number: 20-0156650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARSA, CYNTHIA D
4532 W. KENNEDY BLVD. #323
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 US

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: JEREMY P. ROSS

05/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BARSA, CYNTHIA D
Address: 4178 W. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: BARSA, JOHN E
Address: 4178 W. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR () Change (X) Addition
Name: REHEEM, M A
Address: 4178 W. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: CYNTHIA D. BARSA

MGRM

05/12/2005

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