

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M11000001643

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** LIFELINC ANESTHESIA, PLLC

**Current Principal Place of Business:**

716 BROOKHAVEN CIRCLE  
MEMPHIS, TN 38117

**New Principal Place of Business:**

716 W BROOKHAVEN CIRCLE  
MEMPHIS, TN 38117

**Current Mailing Address:**

716 BROOKHAVEN CIRCLE  
MEMPHIS, TN 38117

**New Mailing Address:**

716 W BROOKHAVEN CIRCLE  
MEMPHIS, TN 38117

FEI Number: 62-1709852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: NRAI SERVICES, INC.

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CALLAN, ERIC CRNA  
Address: 716 W BROOKHAVEN CIRCLE  
City-St-Zip: MEMPHIS, TN 38117

Title: COO  
Name: WARREN, ERICA  
Address: 716 W BROOKHAVEN CIRCLE  
City-St-Zip: MEMPHIS, TN 38117

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: ERIC CALLAN

MGR

10/10/2013

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