


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

16 MAY 13 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT #** M13000003605

1. Limited Liability Company's Name  
**MILLENNIUM ANESTHESIA SERVICES, PLLC**

2. Principal Office Address - No P.O. Box # <b>4850 W. Oakland Park Blvd.</b>		3. Mailing Office Address <b>4850 W. Oakland Park Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33313</b>	Country <b>USA</b>	Zip <b>33313</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent

Name  
**National Corporate Research, Ltd.**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**115 North Calhoun St.**

Apt. #, Etc.  
**Suite 4**

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

CR2E041 (1/14)

4. State/Country of Formation  
**Washington, USA**

5. Date Organized or Qualified To Do Business in Florida  
**June 7, 2013**


6. FEI Number  
**87-0700973**

Applied For  
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status

**700285790047**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  **Erin Upchurch, Asst Secy.**  
**National Corporate Research, Ltd** Date **5/12/16**

REGISTERED AGENT MUST SIGN

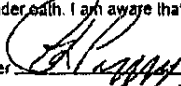
10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Adlai L. Pappy, M.D.	1415 Eutaw Pl	Baltimore, MD 21217-3631
<b>REINSTATEMENT</b>			
<b>2015-2016</b>			
<b>S. HAWKES</b>			
<b>MAY 13</b>			
<b>EXAMINER</b>			

11. E-mail Address **adlai.pappy@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date **5/12/2016** Daytime Phone # **206-399-2999**

Typed or printed name of signing authorized representative/member **Adlai L. Pappy, M.D., Sole Member**



NCR National Corporate Research (Hong Kong) Limited,  
a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited,  
Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 05/12/2016

Account #: I20000000088

Name: Darian Shump

Reference #: M080059

ENTITY NAME: MILLENNIUM ANESTHESIA SERVICES, PLLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☒ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: GOOD STANDING

Authorized Amount: 382.50

Signature: 

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)