2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000016650

Entity Name: MILLENNIUM ANESTHESIA, P.A.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2229 N. COMMERCE PARKWAY WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 19267 BAY LEAF COURT 17840 VILLA CLUB WAY BOCA RATON, FL 33498 BOCA RATON, FL 33496 FEI Number: 65-0983239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HINDIN, GARY S HINDIN, GARY S 17840 VILLA CLUB WAY 19267 BAY LEAF COURT BOCA RATON, FL 33498 US US BOCA RATON, FL 33496 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: GARY HINDIN 10/06/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: DPST (X) Change () Addition HINDIN, GARY S Name: Name: HINDIN, GARY S 19267 BAY LEAF COURT 17840 VILLA CLUB WAY Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: BOCA RATON, FL 33496 Title: Title: () Delete () Change () Addition Name: CAIN, JOHN Name: 1041 NE 27TH AVE Address: Address: POMPANO BEACH, FL 33062 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition MOTTA, ALBERTO MOTTA, ALBERTO Name: Name: 7301 W. CYPRESSHEAD DRIVE 7301 W. CYPRESSHEAD DRIVE Address Address: City-St-Zip: PARKLAND, FL 33063 City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: () Change (X) Addition MUENTE, VICTOR Name: Name: Address: Address: 6810 YELLOWSTONE LANE City-St-Zip: City-St-Zip: PARKLAND, FL 33067 Title: Title: () Change (X) Addition () Delete PINTO, SERGIO Name: Name: Address: Address: 5945 NW 81ST TERRACE City-St-Zip: City-St-Zip: PARKLAND, FL 33067

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HINDIN P 10/06/2005