

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000110550

FILED
Sep 29, 2011
Secretary of State

Entity Name: NORTH TAMPA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

17240 CORTEZ BLVD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

4519 GEORGE RD
SUITE 100
TAMPA, FL 33634

New Mailing Address:

8390 CHAMPIONSGATE BLVD
SUITE 306
CHAMPIONSGATE, FL 33896

FEI Number: 59-3683974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PRACTICEWORX
8390 CHAMPIONSGATE BLVD
306
CHAMPIONSGATE, FL 33896 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: JOSH PLUMMER

09/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LOMBARDI, CHRISTOPHER J MD
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: PEREZ, GABRIEL
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: GIAMMATTEI, CARLOS MD
Address: 17240 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LOMBARDI

DR

09/29/2011

Electronic Signature of Signing Officer or Director

Date