2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2006
Secretary of State

DOCUMENT# P05000104225

Entity Name: NATIONAL ANESTHESIA SOLUTIONS, INC.

Current Principal Place of Business:

501 CHESTNUT RIDGE ROAD
MORGANTOWN, WV 26505

New Principal Place of Business:

757 SE 17TH ST.
202
FORT LAUDERDALE, FL 33316

Current Mailing Address:

PO BOX 4427
MORGANTOWN, WV 26504

New Mailing Address:

757 SE 17TH ST.
202
FORT LAUDERDALE, FL 33316

FEI Number: 20-3306798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDELL FARSON & PINCKET, P.A.
12276 SAN JOSE BLVD SUITE 126
JACKSONVILLE, FL 32223 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: BRIAN PINCKET

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:

Title: DPVS ( ) Delete
Name: BOROWSKI, MATTHEW
Address: PO BOX 4427
City-St-Zip: MORGANTOWN, WV 26504

Title: T ( ) Delete
Name: BOROWSKI, MATTHEW
Address: PO BOX 4427
City-St-Zip: MORGANTOWN, WV 26504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition
Name: BOROWSKI, MATTHEW J
Address: 757 SE 17TH ST. #202
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T (X) Change ( ) Addition
Name: BOROWSKI, MATTHEW J
Address: 757 SE 17TH ST. #202
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MATTHEW BOROWSKI P 11/08/2006

Electronic Signature of Signing Officer or Director — Date