2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P05000145789

Entity Name: ROBERTS ANESTHESIA, INC.

Current Principal Place of Business:

1214 S ALBANY AVE
TAMPA, FL 33606

New Principal Place of Business:

1709 W. HILLS AVE
TAMPA, FL 33606

Current Mailing Address:

1214 S ALBANY AVE
TAMPA, FL 33606

New Mailing Address:

1709 W. HILLS AVE
TAMPA, FL 33606

FEI Number: 20-2193564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTS, TRACY
1214 SOUTH ALBANY AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ROBERTS, TRACY
1709 W. HILLS AVE
TAMPA, FL 33606 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: TRACY ROBERTS 10/08/2009
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: P ( ) Delete
Name: ROBERTS, TRACY
Address: 1214 S ALBANY AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBERTS, TRACY
Address: 1709 W. HILLS AVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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: TRACY ROBERTS PRES 10/08/2009
Electronic Signature of Signing Officer or Director Date