2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P09000038926

Entity Name: INDEPENDENT NURSE ANESTHESIA PROVIDERS INC

Current Principal Place of Business:

1355 PLANTATION OAKS DRIVE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

832 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1355 PLANTATION OAKS DRIVE NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

832 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250

FEI Number: 30-0616105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALYNYCH, NICHOLAS
1355 PLANTATION OAKS DRIVE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

KALYNYCH, NICHOLAS M
832 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250 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: NICHOLAS M. KALYNYCH 04/30/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KALYNYCH, NICHOLAS
Address: 832 BOANIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR
Name: KALYNYCH, NICHOLAS M
Address: 832 BONAIRE CIRCEL
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TRES
Name: SWING, SHANNA L
Address: 832 BOANIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: NICHOLAS M. KALYNYCH PRES 04/30/2012
Electronic Signature of Signing Officer or Director Date