# 2014 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2014**
**Secretary of State**

DOCUMENT# P12000038383

**Entity Name:** ADVANCED ANESTHESIA PROFESSIONALS, INC.

**Current Principal Place of Business:**

411 1/2 NORTH ROSCOE BLVD
PONTE VEDA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

411 1/2 NORTH ROSCOE BLVD
PONTE VEDA BEACH, FL 32082

**New Mailing Address:**

**FEI Number: 45-5195160** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIGNETTI, VIVIAN A
411 1/2 NORTH ROSCOE BLVD
PONTE VEDA BEACH, FL 32082 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: VIVIAN VIGNETTI
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP
Name: VIGNETTI, VIVIAN A
Address: 411 1/2 NORTH ROSCOE BLVD
City-St-Zip: PONTE VEDA BEACH, FL 32082

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: VIVIAN VIGNETTI P 09/30/2014
Electronic Signature of Signing Officer or Director Date