

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000068104

FILED
Nov 18, 2009
Secretary of State

Entity Name: HILLSBOROUGH ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

3100 E FLETCHER AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

500 N. WESTSHORE BLVD.
SUITE 940
TAMPA, FL 33609 US

New Mailing Address:

101 S. HOOVER BLVD.
SUITE 103
TAMPA, FL 33609 US

FEI Number: 59-3332632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSMAN, STEVEN
500 N. WESTSHORE BLVD.
STE 525
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

WEISSMAN, STEVEN
101 S. HOOVER BLVD.
STE 103
TAMPA, FL 33609 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: STEVEN WEISSMAN

11/18/2009

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: GINNATTI, RICHARD M.D.
Address: 3100 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: ST () Delete
Name: LONGBOTTOM, WARD
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD GIANETTI

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date