

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S67058

FILED  
Nov 02, 2012  
Secretary of State

**Entity Name:** NORTH PINELLAS ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 59-3073820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM, HARTENBACH N MD  
2154 DUCK SLOUGH BLVD., SUITE 101  
TRINITY, FL 34655 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: BECKY PEIRCE

11/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARTNEBACH, WILLIAM N MD  
Address: 2154 DUCK SLOUGH BLVD., SUITE 101  
City-St-Zip: TRINITY, FL 34655

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: WILLIAM N. HARTNEBACH, MD

PRES

11/02/2012

Electronic Signature of Signing Officer or Director

Date