

**2021 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M12000005402

**Entity Name:** ANESTHESIA PRACTICE MANAGEMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

HYDE HOUSE  
1646 W SNOW AVE SUITE 11  
TAMPA, FL 33606

**Current Mailing Address:**

HYDE HOUSE  
1646 W SNOW AVE SUITE 11  
TAMPA, FL 33606 US

**FEI Number:** 46-1045270

**Certificate of Status Desired:** No

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

PETITT, RICHARD T  
HYDE HOUSE  
1646 W SNOW AVE SUITE 11  
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:** RICHARD T PETITT

07/17/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PETITT, RICHARD T  
Address HYDE HOUSE  
1646 W SNOW AVE SUITE 11  
City-State-Zip: TAMPA FL 33606

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD T PETITT

MGRM

07/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date