

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 15 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 514838

1. Corporation Name

Bay Anesthesia, Inc.

2. Principal Office Address

3024 4th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3024 4th Street

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

32446

Country

USA

City & State

Marianna, FL

Zip

32446

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/76

5. FEI Number

591703303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Rei - 98-03

7. Name and Address of Current Registered Agent

Name

H. Guy Green

Street Address (P.O. Box Number is Not Acceptable)

4387 Clinton Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

*[Signature]* 8/15/03

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8/12/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Stephen Rogers	3024 4th Street	Marianna, FL 32446

300022347293  
08/15/03--01023--024 \*\*1535.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

Date

(850)482-7200

Daytime Phone #

CR2E081 (10/02)