

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094644 (7)

1. Corporation Name

SURFSIDE ANESTHESIA SERVICES, INC.

Principal Place of Business

2474 SW 27TH TERR.
MIAMI, FLORIDA 33133

Mailing Address

2474 SW 27TH TERR.
MIAMI, FLORIDA 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

150 SW 12TH AVENUE

3. New Mailing Office Address, If Applicable

P.O. BOX 21026

4. Date Incorporated or Qualified To Do Business in Florida

11/15/96

Suite, Apt. #, etc.

SUITE 480

Suite, Apt. #, etc.

5. FEI Number
65-0718526

Applied For
Not Applicable

City & State
POMPANO BEACH

City & State
FT. LAUDERDALE, FL

Zip
33069

Country
BROWARD

Zip
33355

Country
BROWARD

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	RONALD F. DEMEO	2474 SW 27TH TERR MIAMI	MIAMI FL 33133
			9000002403319--4 -01/16/98--01081--002 ****900.00 ****900.00
			REINSTATEMENT 97-98
			50 1-15-98

B. Name and Address of Current Registered Agent

ROBERT M. MAYER
2474 SW 27TH TERRACE
MIAMI, FLORIDA 33133

9. Name and Address of New Registered Agent

Name
IRWIN B. FREUND
Street Address (P.O. Box Number is Not Acceptable)
10729 S.W. 104TH STREET
Suite, Apt. #, Etc.
City
MIAMI,
State
FL
Zip Code
33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-23-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/97 305 828-6666
Date Daytime Phone #