

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000048259

FILED  
Oct 12, 2004  
Secretary of State

**Entity Name:** ANESTHESIA & PAIN CONSULTANTS, P.A.

**Current Principal Place of Business:**

150 REDSTONE AVENUE EAST  
SUITE B  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

634 RIVERWOOD DRIVE  
CRESTVIEW, FL 32536

**Current Mailing Address:**

150 REDSTONE AVE EAST  
SUITE B  
CRESTVIEW, FL 32539

**New Mailing Address:**

P.O. BOX 640  
CRESTVIEW, FL 32536

FEI Number: 59-3513671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORRIS, DANIEL G DO  
2701 MICHELLE COURT  
CRESTVIEW, FL 32539 US

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

MORRIS, DANIEL G DO  
6330 AUGUSTA COVE  
DESTIN, FL 32541 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: DANIEL G. MORRIS, D.O.

10/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRIS, DANIEL G DO  
Address: 2701 MICHELLE COURT  
City-St-Zip: CRESTVIEW, FL 32539

Title: V ( ) Delete  
Name: VAN ALLEN, KARY MD  
Address: 150 REDSTONE AVE, SUITE B  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MORRIS, DANIEL G DO  
Address: 6330 AUGUSTA COVE  
City-St-Zip: DESTIN, FL 32541

Title: V (X) Change ( ) Addition  
Name: VAN ALLEN, KARY MD  
Address: 130 CAYMAN COVE  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL G. MORRIS, D.O.

PRES

10/12/2004

Electronic Signature of Signing Officer or Director

Date