


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

H00000099283

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 PM 4:40

REINSTATEMENT 98-99

DOCUMENT # 555239

1. Corporation Name
Anesthesia & Pain Consultants of Southwest Florida, M.D., P.A.

2. Principal Office Address 3949 Evans Avenue		3. Mailing Office Address 3949 Evans Avenue	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33901	Country US	Zip 33901	Country US

4. Date Incorporated or Qualified To Do Business in Florida 12/13/1997

5. FEI Number 59-1783920

Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Bruce D. Green

Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive

Suite, Apt. #, Etc.
Suite 600

City
Fort Myers

State
FL

Zip Code
33907

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 *Bruce D. Green* Date 3/3/00

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached.		

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)(f), 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: *Charles A. Bisbee* CHARLES A. BISBEE Date 3/3/2000 Daytime Phone # 939-4937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce D. Green, Esq.
12800 University Drive, St. 600
Fort Myers, FL 33907

Phone: (941) 489-1776
FL Bar No.: 260533

H00000099283

CR2E01 (9/99)

MD

H000000099283

**ATTACHMENT TO
CORPORATION REINSTATEMENT**

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

Title	Name of Officers &/or Directors	Street Address of Each Officer &/or Director	City/State/Zip
SD	Michael Hedden	3949 Evans Ave., Suite 102	Fort Myers, FL 33912
PD	Semcon Manalili	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
TD	Robert E. Eid	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Anthony D. Migliore	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
VD	Robert P. Antonio	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Charles A. Bisbee	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Bernard Shucavage	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Robert Turner	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Joseph Nicotra	3949 Evans Ave., Suite 102	Fort Myers, FL 33901

H000000099283

Division of Corporations

555239

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000009928 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : ANNIS, MITCHELL, COCKEY, EDWARDS, & ROEHN, P.A.
Account Number : 071600002745
Phone : (941) 489-1776
Fax Number : (941) 489-2444

CORPORATION REINSTATEMENT

ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA,

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

File No.: 7548.001
Asst: CDZollman

Electronic Filing Menu

Corporate Filing

Public Access Help