

12/23/97 TUE 15:50 FAX 8132228701

KALISH & WARD B

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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

97 DEC 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521310

Corporation Name

HIRSHORN SUNCOAST ANESTHESIA ASSOCIATES

Principal Place of Business

Mailing Address

70 BOX 273186 TAMPA, FL 33618

SOUTH BAY HOSPITAL, SUN CITY FL

REINSTATEMENT 94-97

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

1. New Principal Office Address, If Applicable

2. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

42-30-76

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FBI Number

69-1710932

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

5873 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRES.	STEPHEN HIRSHORN	11715 PHOENIX CIR.	TAMPA, FL 33618

200002384882-1
-12/29/97-01123-01
***1245.00 ***1245.00

12/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM KALISH
PO BOX 71
4100 BARNETT PL.
TAMPA, FL 33602-5555

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 817.0503, F.S.

Signature of Registered Agent

William Kalish

REGISTERED AGENT MUST SIGN

Date

12/23

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 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)(b), 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:

Stephen Hirshorn

STEPHEN HIRSHORN

Date

12/23 813 674-0267

Daytime Phone #

DEC 23 1997

904-222-5513 CSC