PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01-02 W&R

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 AM 3:11

DOCUMENT # 521310

1. Corporation Name

Hirshorn Suncoast Anesthesia Associates, M.D., P.A.

2. Principal Office Address	**3.** Mailing Office Address
12 Bahama Circle	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33606	City & State: same
Zip: 33606 Country: USA	Zip: same Country: same

000005063260--3
-03/07/02--01026--002
******300.00 ******300.00

4. Date Incorporated or Qualified To Do Business in Florida 12/30/76

5. FEI Number 59-1710932 ☐ 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: Nancy G. Farage

Street Address (P.O. Box Number is Not Acceptable): 707 N. Franklin Street, 4th Floor

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33602

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: Nancy G. Farage Date: 2-20-02

REGISTERED AGENT MUST SIGN

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
D, P	Eric Nazareth	12 Bahama Circle	Tampa, FL 33606

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.

Eric Nazareth, Director and President

SIGNATURE: Eric Nazareth 2/20/02 813-254-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NANCY G. FARAGE

PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW

TELEPHONE: (813)221-5603
FACSIMILE: (813)224-0102

4th Floor
Tampa Theatre Building
707 North Franklin Street
Tampa, Florida 33602

POST OFFICE BOX 173027
TAMPA, FLORIDA 33672

February 21, 2002

FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Hirshorn Suncoast Anesthesia Associates, M.D., P.A.

Dear Sir/Madam:

This firm has recently been retained to represent the above company. I have determined that this company has been involuntarily dissolved. I have been advised that no one, including the officers, directors and/or registered agent received any notice that the annual report was due or that the company would be dissolved if the annual report was not filed. I personally also talked to the prior registered agent, who is an attorney, and he told me he received no such paperwork.

Because of the above circumstances, my client is requesting that the standard reinstatement fee be waived. We would appreciate any consideration that your department can give us on this matter. Our company is small and such consideration, given these circumstances, would be greatly appreciated.

In hopes of having the waiver, I am enclosing for filing the Corporation Reinstatement Form for the above-referenced corporation. Also enclosed is a check in the amount of $300.00, made payable to the Florida Secretary of State. This check represents the annual fee for 2001 and 2002.

Should you have any questions or require additional information or require an additional amount for the filing, please call me.

Thank you for any consideration of the above.

Sincerely yours,

Nancy G. Farage

NGF:jdr
Enclosures

cc: Hirshorn Suncoast Anesthesia Associates, M.D.