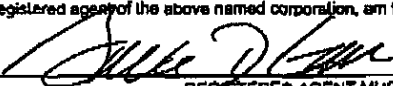
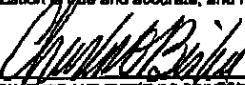


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		H000000099283 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 MAR -3 PM 4:40	
DOCUMENT # 555239 1. Corporation Name Anesthesia & Pain Consultants of Southwest Florida, M.D., P.A.					
2. Principal Office Address 3949 Evans Avenue Suite, Apt. #, etc. Suite 102 City & State Fort Myers, FL Zip 33901 Country US		3. Mailing Office Address 3949 Evans Avenue Suite, Apt. #, etc. Suite 102 City & State Fort Myers, FL Zip 33901 Country US		REINSTATEMENT 98-99	
4. Date Incorporated or Qualified To Do Business in Florida 12/13/1997				5. FEI Number 59-1783920	
6. CERTIFICATE OF STATUS DESIRED ☐				Applied For Not Applicable	
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  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)					
Titles	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		3/3/2000 939-4937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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

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

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**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

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Division of Corporations

555239

Florida Department of State
Division of Corporations
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Account Number : 071600002745
Phone : (941) 489-1776
Fax Number : (941) 489-2444

CORPORATION REINSTATEMENT

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