

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 599244

1. Corporation Name GENERAL ANESTHESIA SERVICES, INC.

Principal Place of Business Mailing Address 3849 NE 169 CT. C-112 NORTH MIAMI BEACH FL 33160

FILED 01 FEB -7 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900



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

2. New Principal Office Address, If Applicable N/A 3. New Mailing Office Address, If Applicable N/A 4. Date Incorporated or Qualified To Do Business in Florida 01/11/1979 5. FEI Number 59-1912525 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, PINO, VICENTE, 3849 NE 169 ST. C-112, NORTH MIAMI BEACH FL 33160

8. Name and Address of Current Registered Agent PINO, VICENTE 3849 NE 169 ST. C-112 NORTH MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent Name N/A 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 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 01-22-01

11. 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.

SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 01-22-01 Daytime Phone # 305-815 3505

CR2E040 (8/00)