

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 4:53

DOCUMENT # F83821

1. Corporation Name

ANALGESIC COMPANY OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

7821 N. DALE MABRY HWY.

7821 N. DALE MABRY HWY.

STE-200

STE-200

TAMPA FL 33614

TAMPA FL 33614

US

US

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7823 N. Dale Mabry

7823 N. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Tampa, FL

Tampa, FL

Zip Country

Zip Country

33614 U.S.

33614 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1982

5. FEI Number

59-2202229

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	4 City / State / Zip
DP	EDGERTON, ROY	1201 MAGDELENE MANOR DR. See below	TAMPA FL 33613
		13918 Shady Shores	000003514770--1 -12/27/00--01076--008 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

EDGERTON, ROY

7801 N. DALE MABRY HWY.

STE-200

TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

13918 Shady Shores

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

SIGNATURE REQUIRED

Date 10/18/00

REGISTERED AGENT MUST SIGN

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

10/18/00

Date

(813) 915-8367

Daytime Phone #

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November 9, 2000

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Our companies have been placed on inactive status by your organization. A customer made this oversight apparent in September of 2000. Our agent and our offices relocated in December of 1999 and therefore the paperwork to renew our status was returned to your office or misplaced in the mail. In light of these circumstances we are requesting a waive of the reinstatement penalty fees for each of our four companies: Analgesic Healthcare, The Analgesic Company of Tampa Bay, Medical Services Diversified / Intermittent Compression Corporation, and Electro-Medical Associates. Please feel free to contact us at 1-813-915-8367 or 1-800-749-1188 ext. 212 with any questions you may have.

Thank you,

A handwritten signature in black ink, appearing to read "Charla Thomas".

Charla Thomas

Director of Operations
Analgesic Healthcare, Inc

Healthcare Excellence Through Innovation

7823 N. Dale Mabry,
Suite 202
Tampa, Florida 33614



800.749.1188
813.915.8367
813.915.9427 FAX