

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G91388**

1. Corporation Name

OFFICE ANESTHESIA SERVICES, INC.

Principal Place of Business

Mailing Address

2815 CORINTHIANS AVENUE
P. O. BOX 10672
JACKSONVILLE FL 32210

2815 CORINTHIANS AVENUE
P. O. BOX 10672
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

2815 Corinthian Ave

Suite, Apt. #, etc.

P.O. Box 103 Ortega Station

City & State

Jacksonville FL

Zip 32210

Country USA

3. New Mailing Office Address, If Applicable

2815 Corinthian Ave

Suite, Apt. #, etc.

P.O. Box 103 Ortega Station

City & State

Jacksonville FL

Zip 32210

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1984

SP

5. FEI Number

59-2384371

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DARLING, SANDRA C.	1541 BOULEVARD 2815 Corinthian Ave	JACKSONVILLE FL 32210

600003026186--5
-10/27/99--01054--006
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DARLING, SANDRA C.
2815 CORINTHIAN AVENUE
JACKSONVILLE FL 32210

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Sandra C. Darling

REGISTERED AGENT MUST SIGN

Date 10-14-99

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:

Sandra C. Darling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99 (904)
Date Daytime Phone # 716-3709