


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 93 AUG 16 PM 3:24 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> <u>340372</u> <small>1. Corporation Name</small> <b>ANESTHESIA ASSOCIATES OF SOUTH FLORIDA, INC.</b>		<b>000002970400--4</b> -08/26/99--01006--011 ***1050.00 ***1050.00	
<small>Principal Place of Business</small> <b>2480 S.E. DOWNWINDS RD. JUPITER, FL. 33478</b>		<small>Mailing Address</small> <b>SAME</b>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<small>2. New Principal Office Address, If Applicable</small> <b>SAME AS ABOVE</b> <small>Suite, Apt. #, etc.</small>		<small>3. New Mailing Office Address, If Applicable</small> <b>SAME AS ABOVE</b> <small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small>		<small>City &amp; State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
<small>4. Date Incorporated or Qualified To Do Business in Florida</small> <b>10-29-86</b>		<small>5. FEI Number</small> <b>59-2743877</b>	
<small>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></small>		<small>Applied For</small> <small>Not Applicable</small>	
<small>\$8.75 Additional Fee required for a Certificate of Status</small>			
<b>REINSTATEMENT 97-99<sup>12</sup></b>			
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>			
<small>1. Title(s)</small>	<small>2. Name of Officers and/or Directors</small>	<small>3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</small>	<small>4. City / State / Zip</small>
<b>P</b>	<b>DOUGLAS J. DESZELL</b>	<b>2480 S.E. DOWNWINDS RD JUPITER, FL. 33478</b>	<b>JUPITER, FL. 33478</b>
<small>8. Name and Address of Current Registered Agent</small>		<small>9. Name and Address of New Registered Agent</small>	
		<small>Name</small> <b>DOUGLAS J. DESZELL</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>2480 S.E. DOWNWINDS RD.</b> <small>Suite, Apt. #, Etc.</small>  <small>City</small> <b>JUPITER</b> <small>State</small> <b>FL</b> <small>Zip Code</small> <b>33478</b>	
<small>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.</small> <small>Signature of Registered Agent</small> <u>Douglas J. Deszell</u> <small>REGISTERED AGENT MUST SIGN</small> <span style="float: right;"><small>Date</small> <b>8-13-99</b></span>			
<small>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</small> <span style="float: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span> <small>(See other side for information on intangible tax.)</small>			
<small>12. 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 amounts 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small>			
<b>SIGNATURE: Douglas J. Deszell DOUGLAS J. DESZELL 8-13-99 (561) 747-9179</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <b>8-13-99</b> <small>Daytime Phone #</small> <b>747-9179</b></span>			

CR2E081 (12/98)