

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61806

1. Corporation Name

INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.

Principal Place of Business

1100 NW 95TH ST
SUITE 120-2nd Floor
MIAMI FL 33150-2038

Mailing Address

PO BOX 530759
MIAMI FL 33102-0029
33153

FILED

02 NOV -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1987

5. FEI Number

59-2816117

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCHOU, MICHAEL, MD	1100 NW 95 ST #126	MIAMI FL
VP	VENDRYES, CHRIS MD	1100 NW 95 ST #126	MIAMI FL
S	FELDMAN, JEROME, MD	1100 NW 95 ST #126	MIAMI FL

800008880598

11/08/02--01004--004

160.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBERT, LYNDALL
01-200 BRICKELL AVENUE
SUITE 800 3000
MIAMI FL 33131

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

Lyndall Lambert

REGISTERED AGENT MUST SIGN

Date

10/30/02

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

Daytime Phone #

10/30/02

8056943775

20f2

International Anesthesiology Associates, Inc.

c/o North Shore Medical Center
1100 N.W. 95th Street, 2nd Floor
Miami, Florida 33150-2038
(305) 694-3775
(305) 694-3678 Fax

NOVEMBER 05, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION

P.O. BOX 6327

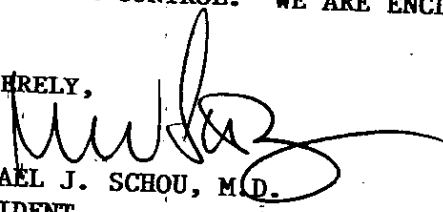
TALLAHASSEE, FL 32314-6327

RE: DOCUMENT # J61806

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE THE FIRST NOTICE OR THE SECOND NOTICE WHICH WAS SENT TO OUR P.O. BOX AND SHOULD HAVE BEEN FORWARDED. DUE TO THE ERROR WHICH THE POST OFFICE CAUSED THIS PROBLEM PLEASE WAIVE THE PENALTY SINCE IT WAS NOT IN OUR CONTROL. WE ARE ENCLOSING THE \$150.00 FILING FEE.

SINCERELY,


MICHAEL J. SCHOU, M.D.
PRESIDENT
INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.

MJS/semg