PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 26 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # K46215

1. Corporation Name
Atlantic Anesthesia Associates INC.

2. Principal Office Address	**3.** Mailing Office Address
655 Seville Ct	655 Seville Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach, FL	City & State: Satellite Beach, FL
Zip: 32937 Country: Brevard	Zip: 32937 Country: Brevard

4. Date Incorporated or Qualified To Do Business in Florida: NOV. 17, 1988

5. FEI Number: 65-0089556 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: HELEN BEIRNE
Street Address (P.O. Box Number is Not Acceptable): 655 Seville CT
Suite, Apt. #, Etc.:
City: Satellite Beach, Fl State: FL Zip Code: 32937

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Helen Beirne Date: 4-11-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	HELEN BEIRNE	655 Seville CT	Satellite Beach, Fl 32937

10. 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: Helen Beirne (HELEN BEIRNE) 4-11-02 321-779-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 11, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: REINSTATEMENT OF ATLANTIC ANESTHESIA ASSOCIATES, INC.
Ref. Number: K46215

Pursuant to our conversation of April 1, 2002, I am submitting the following letter to assist in the reinstatement of ATLANTIC ANESTHESIA ASSOCIATES, INC.

ATLANTIC ANESTHESIA ASSOCIATES, INC. moved from Miami, Fl in August 1994. Since that time we have received no notices or Uniform Business Reports of any kind. Please find a check in the amount of $1315.00 for the reinstatement fees.

Helen A Beirne

Helen A. Beirne
President