

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 NOV -8 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K69710

1. Corporation Name

ANESTHESIA SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

~~670 ROBERT R. DICKERSON~~  
~~801 6TH STREET SOUTH ALL CHILDRENS HOSP~~  
ST. PETERSBURG FL 33701

880 6TH STREET SOUTH  
~~SUITE 300~~  
ST. PETERSBURG FL 33701  
US

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

2. New Principal Office Address, If Applicable

880 - 6TH ST. South

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1989

5. FEI Number

59-2942368

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
VP	ELINGER, JOHN H.	801-6TH ST. SOUTH	ST. PETERSBURG FL
VP	DICKERSON, ROBERT R.	801-6TH ST. SOUTH	ST. PETERSBURG FL
S	MILLER, JEFFREY W.	801 6TH ST. SOUTH	ST. PETERSBURG FL
P	VAUGHN, GLENN	801-6TH ST. SOUTH	ST. PETERSBURG FL
T	VENER, DAVID	801 6TH STREET, S	ST PETERSBURG FL

8. Name and Address of Current Registered Agent

VENER, DAVID F  
880 6TH ST. S. #110  
ST. PETERSBURG FL 33701

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

300005456383-0

Suite, Apt. #, Etc.

\*\*\*2400.00 \*\*\*\*750.00

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/23/00

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

10/23/00

Daytime Phone #

(727)551-0660

CR2ED40 (8/00)