

PLEASE TEAR HERE TO REMOVE COMPLETION FORM.

APPLICATION FOR REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

L99000000489

FILED

1. DOCUMENT # L99000000489  
Name and Mailing Address

02 DEC 31 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009545 01 FP 0.352 \*\*PRSRTH3 0 0615 32504-910130  
GULL POINT ANESTHESIA P.L.C.  
5130 GULL POINT ROAD  
PENSACOLA FL 32504-9101



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5130 GULL POINT ROAD PENSACOLA FL 32504		5. Date Organized or Qualified To Do Business in Florida 01/28/1999	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number NOT APPLICABLE	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  GREGORY, BRIAN D 5130 GULL POINT ROAD PENSACOLA FL 32504		9. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 12/31/02--01005--001 **155.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Brian D. Gregory</i> Date 12-26-2002 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GREGORY, BRIAN D	5130 GULL POINT ROAD	PENSACOLA FL 32504
200009748302 12/31/02--01005--001 **155.00			
REINSTATEMENT <i>DOB2</i>			
1-703 <i>just</i> M THOMAS			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Brian D. Gregory* Date 12-26-2002 Daytime Phone # 850-384-1836  
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)