2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# N95000005886

Entity Name: I. HEERMANN ANESTHESIA FOUNDATION, INC.

Current Principal Place of Business:

7424 NW 18TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7424 NW 18TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3349331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAVENSTEIN, JOACHIM S
7424 NW 18TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOACHIM S. GRAVENSTEIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GRAVENSTEIN, JOACHIM S	
Address:	7424 NW 18TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	DENNIS, DONN	
Address:	C/O SHANDS, 1600 SW ARCHER ROAD	
City-St-Zip:	GAINESVILLE, FL 32601 OC	
Title:	T	( ) Delete
Name:	PASTIS, MENELAOS	
Address:	C/O 7424 N.W. 18TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	S	( ) Delete
Name:	PASTIS, ALIX G	
Address:	C/O 7424 N.W. 18TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	BJORAKER, DAVID	
Address:	C/O 7424 NW 15TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PASTIS, ALIX G	
Address:	660 LOOP RD	
City-St-Zip:	KNOXVILLE, TN 37934	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOACHIM S. GRAVENSTEIN PD 10/24/2007
Electronic Signature of Signing Officer or Director — Date