

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -5 PM 4:52

REINSTATEMENT 03

DOCUMENT # P00000002359
1. Corporation Name *Anesthesiology & Pain Management
of East Pasco*

2. Principal Office Address
7050 Gell Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
35125 Sidesaddle Trail
Suite, Apt. #, etc.

City & State
Zephyrhills FL
Zip
33541
Country
USA

City & State
Dade City FL
Zip
33523
Country
USA

000025942730
01/05/04--01002--028 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida *1/06/2000*

5. FEI Number
593616019

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
Russell Norriss
Street Address (P.O. Box Number is Not Acceptable)
35125 Sidesaddle Trail
Suite, Apt. #, Etc.

City
Dade City

State
FL
Zip Code
33523

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

[Signature]

Date *31 Dec 03*

REGISTERED AGENT MUST SIGN

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
D	<i>Russell Norriss</i>	<i>35125 Sidesaddle Trail See above</i>	<i>Dade City FL 33523</i>
D	<i>Ben Contreras</i>	<i>8826 28th ST</i>	<i>Zephyrhills FL 33540</i>
D	<i>Vince Garcia</i>	<i>P.O. Box 1256</i>	<i>Flagler Beach, FL 32136</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Dec 03
Date

3525852640
Daytime Phone #

CR2E081 (10/02)

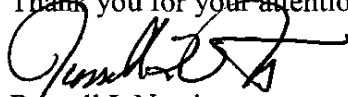
31 Dec 03

To Whom it May Concern;

I am applying for reinstatement of the corporation Anesthesiology and Pain Management of East Pasco #593616019, for the year 2003.

We never received any notice regarding corporate filing for this year. We contacted the State and were told to submit this letter along with the Corporation Reinstatement document and \$150 fee.

Thank you for your attention

A handwritten signature in black ink, appearing to read "Russell L Norris", written over the printed name.

Russell L Norris