


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000042033</b> 1. Entity Name <b>BAYSHORE ANESTHESIA, P.A.</b>			
Principal Place of Business <b>135 SECRET HARBOR DR. DESTIN, FL 32550</b>		Mailing Address <b>4243 OTTERLAKE COVE NICEVILLE, FL 32578</b>	
2. Principal Place of Business <b>120 Bayou Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>120 Bayou Drive</b> Suite, Apt. #, etc.	
City & State <b>Niceville, FL</b> Zip Country <b>32578</b>		City & State <b>Niceville, FL</b> Zip Country <b>32578</b>	
4. FEI Number <b>59-3642299</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROADERICK, ARTHUR PAUL 135 SECRET HARBOR DR DESTIN, FL 32550</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>120 Bayou Drive</b> City <b>Niceville</b> <b>FL</b> Zip Code <b>32578</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADERICK, ARTHUR P 135 SECRET HARBOR DR DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Broaderick, Arthur P. 120 Bayou Drive Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100066896641 03/01/06--01014--027 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/30/06</b> Daytime Phone # <b>850-803-0351</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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