

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052972

1. Corporation Name

SPARTAN ANESTHESIA ASSOCIATES, P.A.

2. Principal Office Address

7126 Beneva Road

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, Florida

Zip

34238

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/01/2000

5. FEI Number
65-1018177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Siwek, Donald J., M.D.

Street Address (P.O. Box Number Is Not Acceptable)
8956 Bloomfield Boulevard

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34238

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

Donald J. Siwek

Date

10/19/04

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
DPST	Siwek, Donald J., M.D.	8956 Bloomfield Boulevard	Sarasota, Florida 34238

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:

Donald J. Siwek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/04

Daytime Phone #

981-586-7732

CR2E081 (01/04)