PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000052972**

1. Corporation Name

SPARTAN ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8809 HAVENRIDGE ROAD SARASOTA FL 34238	8809 HAVENRIDGE RD SARASOTA FL 34231

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7126 Geneva Rd	Same
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34238 Country: USA	Zip / Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	SIWEK, DONALD J MD	8809 HAVENRIDGE ROAD	SARASOTA FL 34238

300024081583
10/24/03--01023--013 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIWEK, DONALD 8809 HAVENRIDGE RD SARASOTA FL 34231	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Donald J. Siwek MD — Date: 10/20/03
REGISTERED AGENT MUST SIGN

11. 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 MD — 10/20/03 — 941-929-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Spartan Anesthesia Associates P.A.
7126 Beneva Road
Sarasota, FL 34238

Florida Dept. of State
Glenda E. Hood
Secretary of State
Division of Corporations

Dear Ms. Hood.

I have recently moved both my office and primary residence and did not receive the two prior UBR notices, most likely due to the change of addresses. I apologize for the inconvenience to the State. Please accept my application and fee enclosed. Thank you.

Sincerely,

Donald J. Siwek MD
President
Spartan Anesthesia Associates P. A.