

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055452

1. Corporation Name

BAKER ANESTHESIA, INC.

2. Principal Office Address

180 S. Park Blvd.

3. Mailing Office Address

180 S. Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip 32086

Country USA

Zip 32086

Country USA

500016674555
04/22/03--01064--023 **1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/08/2000

5. FEI Number

59-3652122

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

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.

Street Address (P.O. Box Number is Not Acceptable)

802 11TH STREET WEST

REINSTATEMENT

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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.

Blalock, Landers, Walters & Vogler, P.A.

Signature of
Registered Agent

By: *Clifford L. Walters*

Date

4/16/03

Clifford L. Walters, Pres. 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
PSTD	WILLIAM A. BAKER, M.D.	180 S. Park Blvd.	St. Augustine, FL 32086

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:

William A. Baker

William A. Baker, M.D.

4/17/03

904-823-1447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)