

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PS 18-3
FILED

04 JUL 12 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041432

1. Corporation Name

ANESTHESIA SERVICE PROVIDERS, INC.

600039178086
07/15/04--01828--006 **458.75

2. Principal Office Address

1605 MAIN STREET

Suite, Apt. #, etc.

SUITE 1001

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

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

4/23/01

5. FEI Number

65-1070272

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

STANLEY A. GOLDSMITH, ATTORNEY AT LAW

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

1605 MAIN STREET

Suite, Apt. #, Etc.

SUITE 1001

City

SARASOTA

State

FL

Zip Code

34236

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]

REGISTERED AGENT MUST SIGN

Date

7/8/04

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	DIANA C. HYDEN	1352 NEW FOREST LANE	OSPREY, FL 34229

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

7-8-04

Date

941 266-2146

Daytime Phone #

19 2 83

STANLEY A. GOLDSMITH

**ATTORNEY AT LAW
1605 MAIN STREET
SUITE 1001
SARASOTA, FLORIDA 34236
(941) 955-4990**

ALSO ADMITTED IN OHIO

July 8, 2004

Ms. Tina Roberts
Reinstatement Section
Florida Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Anesthesia Service Providers, Inc. / Document Number P01000041432

Dear Ms. Roberts:

I have obtained the letter from Diana C. Hyden, President and Director of Anesthesia Service Providers, Inc. confirming that she did not receive a 2002 Annual Report and the reasons therefore. As a result, we would be appreciative if you waived the \$600 reinstatement fee and charged the corporation only for the 3 years Annual Report filing fees, plus the \$8.75 Certificate of Status fee. A check in the amount of \$458.75 payable to Florida Secretary of State is enclosed herewith.

Please process this on an expedited basis and return a copy of the reinstatement in the pre-paid envelope enclosed for your convenience.

Please feel free to contact me if you should have any questions at the above number. Thank you very much for your courteous attention.

Very truly yours,



Stanley A. Goldsmith

SAG/ldw
Enc.

PS J f3

ANESTHESIA SERVICE PROVIDERS, INC.
1605 Main Street
Suite 1001
Sarasota, Florida 34236

July 8, 2004

Florida Secretary of State
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement of Anesthesia Service Providers, Inc. / Document P01000041432 /
Request for Waiver of Reinstatement Fees

Dear Sirs:

I am the President and Director of Anesthesia Service Providers, Inc., a Dissolved Florida Corporation. I am writing to request the reinstatement of the Corporation and the waiver of the \$600 fee which might ordinarily apply inasmuch as I never received the 2002 Uniform Business Report for this Corporation.

I moved from the prior registered address of the corporation during 2002 and despite my request to the postal service that my mail be forwarded, the 2002 Annual Report was never forwarded to my new address.

In light of the foregoing, I respectfully submit that good cause has been shown for the waiver of the \$600 fee. I have enclosed my completed Application for Reinstatement together with my check in the amount of \$458.75 representing the \$450 Uniform Business Report fee for 3 years, plus \$8.75 for a Certificate of Status.

Very truly yours,

Anesthesia Service Providers, Inc.

Diana C. Hyden

By: Diana C. Hyden (formerly
known as Diana C. Fenton), Its
Director and President