PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03403	`∕ Secretai	RTMENT OF STATE ry of State CORPORATIONS	03	FILE E			
DOCUMENT # PD10000 43878			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Middle Keys Anesthesia Associates, P.A. 10980 3rd Ave, Gulf							
Mara thon, FL 33050							
2. Principal Office Address 10980 7.1 Ave but Marathon, Fl 33050. Suite, Apt. #, etc.	pai Office Address 80 3. d Ave but 10980 3. d Ave Gulf wathon FU 33050 10980 3. d Ave Gulf			000012317450 02/11/0301061007 **300.00			
	-			4. Date incorporated or Qualified To Do Business in Florida			
Marathan, Florida	rather, Florida Marathon, Florida		5. FEI Number Applied For Not Applied For				
33050 USA	33050	6.					
7. Name and Address of Current Registered Agent							
Andrew W. Strong Address (P.O. Box Number is N	Menyhan od Stre	t, Esq.					
Merritt / Island				State Zip Cod		-	
8. I, being appointed the registered agen 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 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 Street Address of Each							
Officers and for Directors	Officers and/or Directors Officer and/or Directors		City / State / Zip				
President Harlan E. P.	Harlan E. Pettitud marathon, Floris		1. 33050	Marathe	m / Florida	/33050	
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10. I certify that I am an officer or director or the receivithis reinstatement application, the reason for dissolved by the corporation have been paid and the ron this application is true and accurate, and my significant	prution has been eliminated, lames of individuals listed o	the corporate name satisfies to this form do not qualify for a	the requirements	oter 607 or 617, F.S.	- G17 0401 E C 16-	ممما المف	
SIGNATURE: Harlan E. Pettit President 2/3/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 289-37 24							