

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000045127			
1. Corporation Name L.A.D. ANESTHESIA INC.			
Principal Place of Business 616 NARVAEZI ST. VENICE FL 34285 US		Mailing Address <del>616 NARVAEZI ST. VENICE FL 34285 US</del>	
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 2587 RINGLING BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA, FL 34237	
Zip	Country	Zip	Country
		34237	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
05/04/2001		59-3716443	
6. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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
P/T	REYNOLDS, DEBORAH A	616 NARVAEZI STREET	VENICE FL 34285
S	JOHN W. MCKENNEY JR.	2587 RINGLING BLVD	SARASOTA, FL 34237
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REYNOLDS, DEBORAH A 616 NARVAEZI ST. VENICE FL 34285		Name JOHN W. MCKENNEY JR Street Address (P.O. Box Number is Not Acceptable) 2587 RINGLING BLVD Suite, Apt. #, Etc. City SARASOTA State FL Zip Code 34237	
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 Deborah A Reynolds		Date 4/24/05	
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: Deborah A Reynolds		Date 4-24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED  
05 MAY -2 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
Roberts Pini & V. 03-05

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