

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000076074

Entity Name: PALM BEACH ANESTHESIA, INC.

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

13264 DOUBLE TREE CIRCLE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

13264 DOUBLE TREE CIRCLE  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 65-1126353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIERRE, FRANK  
13264 DOUBLE TREE CIRCLE  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK PIERRE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PIERRE, FRANK  
Address: 13264 DOUBLE TREE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PIERRE

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02/15/2006

Electronic Signature of Signing Officer or Director

Date