

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000076074

1. Corporation Name

PALM BEACH ANESTHESIA, INC.

Principal Place of Business

13264 DOUBLE TREE CIRCLE
WEST PALM BEACH FL 33414

Mailing Address

13264 DOUBLE TREE CIRCLE
WEST PALM BEACH FL 33414

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2001

5. FEI Number

65-112-6353

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PIERRE, FRANK	13264 DOUBLE TREE CIRCLE	WEST PALM BEACH FL 33414

02-03 UBR TS

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4-8-2003

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-2003

561-924-0830

CR2E040 (8/02)

PPHertz

PALM BEACH ANESTHESIA, INC
13264 Doubletree Circle
Wellington, Fl 33414

Tuesday, April 08, 2003

Dear Sir ;

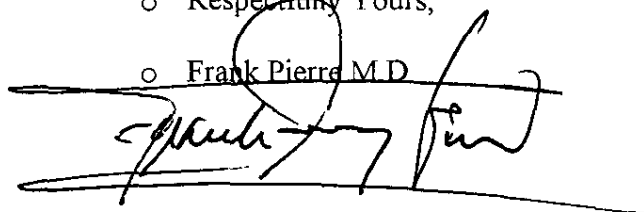
I want to bring to your attention that I did not receive the 2002 uniform business report.

Therefore I am asking you to waive the penalty fee on my reinstatement .

Enclosed please find a check for \$300.00 covering the 2002 and 2003 uniform business
Report.

o Respectfully Yours,

o Frank Pierre M.D

A handwritten signature in black ink, appearing to read "Frank Pierre", is written over a horizontal line. The signature is stylized and cursive.