

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 11 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082331

1. Corporation Name

LAKE COUNTY ANESTHESIA ASSOCIATES, P.A.

2. Principal Office Address - No P.O. Box #

1023 Mellathon Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 491429

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

Lake

Zip

34749

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

593739273

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

George H. Russ

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

907 Webster St.

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

REINSTATEMENT

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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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **5/4/12**

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
PTD	Richard Giovanelli	6464 SW 21 Court Rd.	Ocala, FL 34474
VD	Ming-Jyi Tsau	3436 SW 58 St.	Ocala, FL 34474
VSD	Leslie Malnasi	4160 SW 20 Ave.	Ocala, FL 34474

MAY 14 2012

T. SCOTT

10. E-mail Address: **madkins@907webster.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/12

Daytime Phone #