

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # P01000083995

1. Corporation Name

SHORELINE ANESTHESIA SERVICES, P.A.

Principal Place of Business

Mailing Address

208 S GARCON POINT RD
MILTON FL 32583

208 S GARCON POINT RD
MILTON FL 32583

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

08/24/2001

5. FEI Number

59-3740639

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRYAN, STACY	208 SOUTH GARCON POINT ROAD	MILTON FL 32583
D	GREEN, KATHERINE	208 SOUTH GARCON POINT ROAD	MILTON FL 32583
D	MANN, PATRICIA	8801 BURNING TREE ROAD	PENSACOLA FL 32514

700023750077

10/13/03--01065--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRYAN, STACY
208 SOUTH GARCON POINT ROAD
MILTON FL 32583

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

Stacy L. Bryan
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Stacy L. Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

850-291-7641

Daytime Phone #

CR2E040 (7/03)

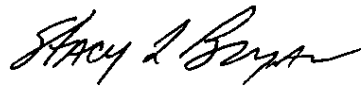
October 10, 2003

Stacy L. Bryan, President
Shoreline Anesthesia Services, P.A.
208 South Garcon Point Road
Milton, FL 32583

Division of Corporations
Florida Department of State

I am requesting reinstatement of Shoreline Anesthesia Services and the reinstatement fee to be waived since this is the first notice we have received of nonpayment of the UBR. Nonpayment of the fee for corporations and the omitted filing of the Uniform Business Report have been an oversight on my part. Last years report and fee were submitted in a timely manner, as will future Annual Reports. I respectfully request the reinstatement penalty to be waived.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stacy L. Bryan".

Stacy L. Bryan