

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2-000019001

1. Corporation Name

Greater Miami Anesthesia Services, P.A.
7337 SW 169th Terrace
Miami FL 33157

2. Principal Office Address

7337 SW 169th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

3. Mailing Office Address

7337 SW 169th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/19/02

5. FEI Number

03-0397735

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

Balwant Cheema, C.P.A.

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

8301 NW 197th Street

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code
33015

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

Balwant Cheema

Date

1-5-04

REGISTERED AGENT MUST SIGN

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
P,D	Kulkarni, Samir M.D.	7337 SW 169th Terrace	Miami, FL 33157

200026988092
01/15/04 01010 027 **750.00

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2004

Date

786-218-8833

Daytime Phone #

CR2E081 (10/02)