

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

03 OCT 15 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000051249**

1. Corporation Name

**LONE STAR ANESTHESIA, INC.**

Principal Place of Business

Mailing Address

2722 BOTTOMRIDGE DRIVE  
ORANGE PARK FL 32065

2722 BOTTOMRIDGE DRIVE  
ORANGE PARK FL 32065

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

05/09/2002

5. FEI Number

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	ROBERTS, JAMES W	2722 BOTTOMRIDGE DRIVE	ORANGE PARK FL 32065
VP	ROBERTS, PRISCILLA A	2722 BOTTOMRIDGE DRIVE	ORANGE PARK FL 32065
S	ROBERTS, JAMES W	2722 BOTTOMRIDGE DRIVE	ORANGE PARK FL 32065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COATES, IONA K  
1794 ROGERO ROAD  
JACKSONVILLE FL 32211

Name

JAMES W. ROBERTS

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

2722 BOTTOMRIDGE DR.

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32065

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

*JAMES W. ROBERTS*  
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.

NATURE:

*JAMES W. ROBERTS*  
*JAMES W. ROBERTS* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

904-571-3542

Daytime Phone #

CR2E040 (7/03)