

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000049848

FILED
Oct 06, 2006
Secretary of State

Entity Name: UNIVERSITY ANESTHESIA, P.A.

Current Principal Place of Business:

8437 SOUTHWIND BAY CIR.
FORT MYERS, FL 339086032 US

New Principal Place of Business:

PO BOX 7346
FORT MYERS, FL 339119998 US

Current Mailing Address:

P.O. BOX 7346
FT. MYERS, FL 339119998

New Mailing Address:

FEI Number: 55-0828735 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FT. MYERS, FL 33902 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUY E. WHITESMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEDDEN, MICHAEL MD
Address: 8437 SOUTHWIND BAY CIR.
City-St-Zip: FORT MYERS, FL 339086032

Title: VP () Delete
Name: HEDDEN, TERESA
Address: 8437 SOUTHWIND BAY CIR.
City-St-Zip: FORT MYERS, FL 339086032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEDDEN, MICHAEL MD
Address: 12930 VALDOSTA PLACE
City-St-Zip: FORT MYERS, FL 33913

Title: VP (X) Change () Addition
Name: HEDDEN, TERESA
Address: 12930 VALDOSTA PLACE
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HEDDEN, M.D.

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date