

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000066141

**FILED**  
**Feb 24, 2005**  
**Secretary of State**

**Entity Name:** SOUTHWEST ANESTHESIA SOLUTIONS, P.A.

**Current Principal Place of Business:**

2501 E RETUNDA PKWY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2501 E RETUNDA PKWY  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 56-2379769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERA, JOSE R  
2501 E RETUNDA PKWY  
CAPE CORAL, FL 33904 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:** JOSE R. RIVERA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** RIVERA, JOSE R  
**Address:** 2501 E RETUNDA PKWY  
**City-St-Zip:** CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** JOSE R. RIVERA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

02/24/2005

\_\_\_\_\_  
Date