

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

10F2

DOCUMENT # P04000022682

1. Entity Name  
KS ANESTHESIA, INC.



FILED

06 DEC -6 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459

Mailing Address  
5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012006

REIN-R

FORZ098/11/05

4. FEI Number  
37-1428668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEKOSKI, KAREN  
5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Sekoski  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-2-06

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
SEKOSKI, KAREN  
5399 E HWY 30-A PMB 250  
SEAGROVE BEACH, FL 32459 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100082399871 ☐ Change ☐ Addition  
12/08/06--01036--003 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Sekoski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-06

Date

562-618-6661

Daytime Phone #

B. Mitchell DEC - 6 2006

20f2

December 2, 2006

I have recently discovered that my Florida Corporation fees were never received. I mailed a check on April 25, 2006 for the sum of \$150.00 # 294 with the business name of KS Anesthesia, Inc. I recently spoke with Michelle in your office at phone number 850-245-6027. She instructed to write this letter and reissue a check for said amount. I appreciate any assistance you can offer me. I can be reached at 562-618-6161.

Thank You,

  
Karen Sekoski