

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000150710

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** NE FLORIDA ANESTHESIA ASSOCIATES PA

**Current Principal Place of Business:**

611 ZEAGLER DRIVE  
PALATKA, FL 32177 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 ZEAGLER DRIVE  
PALATKA, FL 32177 US

**New Mailing Address:**

**FEI Number:** 20-5759214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOLTZ, JOHN S SR.  
611 ZEAGLER DRIVE  
PALATKA, FL 32177 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:** JOHN S. STOLTZ SR.

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  
**Name:** STOLTZ, JOHN S SR.  
**Address:** 611 ZEAGLER DRIVE  
**City-St-Zip:** PALATKA, FL 32177 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN S. STOLTZ SR.

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date