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PLEASE READ ALL INSTRUCTIONS BEFORE

15 APR -2 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E082 (11/10)

DOCUMENT # P12000048727

1. Corporation Name

ANESTHESIA INTERNATIONAL, PA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6701 HOULTON CIRCLE	6701 HOULTON CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
ZIP: 33467 Country:	ZIP: 33467 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/2012

5. FEI Number: 35-2316164 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ZIAD M. ALSOKARY

Street Address (P.O. Box Number is Not Acceptable): 6701 HOULTON CIRCLE

Suite, Apt. #, etc.

City: LAKE WORTH State: FL Zip Code: 33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 3-27-15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	ZIAD M. ALSOKARY	6701 HOULTON CIRCLE	LAKE WORTH, FL 33467

REINSTATEMENT 2014 2015

10. E-mail Address: MMM@TRIPPSCOTT.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3-27-2015 (954)806-6610
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR 2 2015
M. WILLIAMS

H15000081168

CONSENT TO USE OF NAME

I, Ziad M. Alsokary, as President of AI II, PA, formerly known as Anesthesia International, PA, consent to allow the name ANESTHESIA INTERNATIONAL to be used by ANESTHESIA INTERNATIONAL, PA., for use as a domestic corporation in Florida.

Dated: March 27th 2015

By: _____
Name: Ziad M. Alsokary
Title: President

In the presence of:

_____
Printed Name:

_____
Printed Name:

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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~~FILED REINSTATEMENT~~ OF
ANESTHESIA INTERNATIONAL, PA

To:
Division of Corporations
Fax Number : (850)617-6384

999846.0001
Alsokary / Corporate Structure

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

TLB

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmm@trippscott.com

CORPORATION REINSTATEMENT
ANESTHESIA INTERNATIONAL, PA

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