

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 PM 2:15

DOCUMENT # P93000008329

1. Corporation Name

SOUTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

2333 BRICKELL AVE

P.O. BOX 144070

MIAMI FL 33129

CORAL GABLES FL 33114-4070

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1993

5. FEI Number

65-0419919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANNIS, PAUL	2333 BRICKELL AVE, #D1	MIAMI FL 33129
PD	EDWARDS, JAMES H	2333 BRICKELL AVE, #D1	MIAMI FL 33129
VPD	BOYAJAIN, GEOFFREY J	2333 BRICKELL AVE, D1	MIAMI FL 32129
STD	MURCIANO, ENRIQUE	2333 BRICKELL AVE #D1	MIAMI FL 33129

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11/23/99 01050-027

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, JAMES H

1510 VENERA AVENUE

CORAL GABLES FL 33146

Name

Enrique Murciano

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

321 Los Pinos Place

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10-13-99

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99

Date

305-662-2925

Daytime Phone #