

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JAN 30 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018831

1. Corporation Name

Sunset Anesthesia Associates, P.A.

Principal Place of Business

Mailing Address

**6634 Caroline Street
Milton, FL 32572**

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

2. New Principal Office Address, If Applicable

6634 Caroline Street

Suite, Apt. #, etc.

Milton

City & State
Florida

Zip

32572

Country

USA

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 12, 1993

5. FEI Number

59-3170625

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P, S	Jeffrey M. Cox, M.D.	6634 Caroline Street	Milton, FL 32572

REINSTATEMENT 96-98

A. Alan

Jan. 30, 1998

300002421883-3

-02/05/98--01005--002

*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jeffrey M. Cox, M.D.
6634 Caroline Street
Milton, FL 32572**

Name

Jeffrey M. Cox, M.D.

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

6634 Caroline Street

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32572

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

Jeffrey M. Cox

REGISTERED AGENT MUST SIGN

Date

1-28

, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

Jeffrey M. Cox

Jeffrey M. Cox

1/28/98

(850) 626-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)