
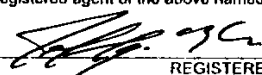



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|----------|---|---|--|--------------------|
| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV -9 AM 10:49 | |
| DOCUMENT # P93000018831 | | | | | |
| 1. Corporation Name Sunset Anesthesia Assoc^{ates}, P.A. | | | | | |
| Principal Place of Business 4785 North 9th Avenue PENSACOLA FL 32503 | | | Mailing Address | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 4. Date Incorporated or Qualified To Do Business in Florida 3/12/93 | |
| | | | | 5. FEI Number 59-3170625 | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | | | |
| 1 | Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 | City / State / Zip |
| | PD | Jeffery Cox | 4785 North 9th Ave | | PENSACOLA FL 32503 |
| | STD | Jeffery Cox | 4785 North 9th Ave | | PENSACOLA FL 32503 |
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| 8. Name and Address of Current Registered Agent Jeffery Cox 4785 North 9th Avenue PENSACOLA FL 32503 | | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | |
| 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 X  3 C Date X 11.2.99 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. | | | | | |
| SIGNATURE: X  3 C X 11.2.99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |