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
00 DEC -5 PM 5:15

DOCUMENT # P93000044007

1. Corporation Name

SUNCOAST ANESTHESIOLOGY, INC.

Principal Place of Business	Mailing Address
~~2311 FORREST CREST CIRCLE~~ ~~LUTZ FL 33549~~	~~2311 FORREST CREST CIRCLE~~ ~~LUTZ FL 33549~~

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7033 Rivergate Ave	7033 Rivergate Ave
Suite, Apt. #, etc.: Temple Terrace	Suite, Apt. #, etc.: Temple Terrace
City & State: Fl	City & State: Fl
Zip: 33637 Country: Hillsborough	Zip: 33637 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/1993

5. FEI Number: 59-3187008 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	ERIKSEN, DEBRA S DO	~~2311 FORREST CREST CIRCLE~~ 7033 Rivergate Ave	~~LUTZ FL 33549~~ Temple Terrace Fl 33637
VP	ERIKSEN, KENNETH S	~~2311 FORREST CREST CIRCLE~~ 7033 Rivergate Ave	~~LUTZ FL 33549~~ Temple Terrace Fl 33637

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-12/13/00--01107--006
****750.00 ****750.00

12/8

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ERIKSEN, DEBRA S DO SUNCOAST ANESTHESIOLOGY, INC. ~~2311 FORREST CREST CIRCLE~~ ~~LUTZ FL 33549~~	Name Street Address (P.O. Box Number is Not Acceptable): 7033 Rivergate Ave Suite, Apt. #, Etc. City: Temple Terrace State: FL Zip Code: 33637

CR2E040 (8/00)

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: Debra S Eriksen DO Date: 11/29/00
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.

Debra S Eriksen D.O.

SIGNATURE: Debra S Eriksen DO C.E.O 11/29/00 813-558-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth S Eriksen V.P.
Kenneth Eriksen