

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P93000052220**

1. Corporation Name

**CONTINENTAL ANESTHESIA SERVICES, P.A.**

Principal Place of Business

Mailing Address

1321 N.W. 14TH ST.  
STE. #803  
MIAMI FL 33125  
US

1321 N.W. 14TH ST.  
STE. #803  
MIAMI FL 33125  
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

07/26/1993

5. FEI Number

65-0457386

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GROSSMAN, JAY R.	2838 BRICKELL AVE	MIAMI
D	SAMSON, RONALD L MD	4181 MALAGA AVE.	COCONUT GROVE FL
S	<del>VALDES, OSWALDO D MD</del> TABLADA GUILLERMO MD	<del>15551 S.W. 54TH TERRACE</del> 10700 SW 16 ST	<del>MIAMI FL 33105</del> MIAMI FL 33165
T	<del>BLATT, JEFFREY D</del> CZINN EDWARD MD	<del>8550 FLAMINGO DR</del> 3300 HOLLYWOOD OAKS DR	<del>MIAMI BEACH FL</del> FT. LAUDERDALE FL 33312
S	ANGEL, JOSE F MD	251 CRANDON BLVD. STE. #435	KEY BISCAYNE FL 33149
<del>T</del>	<del>SCOTT EBER, MD</del>	<del>555 NE 84TH ST APT 803</del>	<del>MIAMI FL 33137</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROSSMAN, JAY R.  
2838 BRICKELL AVE.  
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

500003029735-1

-11/01/99--01004--003

\*\*\*750.00 Date 10/14/99

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2040 (8/99)