

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
((( H03000309834(30) ))) PATRONS  
DIVISION OF CORPORATIONS

03 NOV - 4 AM 9:03

DOCUMENT # P93000076144

1. Corporation Name

NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC.

Principal Place of Business

1613 NORTH HARRISON PARKWAY, SUITE 200  
SUNRISE FL 33323  
US

Mailing Address

1613 NORTH HARRISON PARKWAY, SUITE 200  
SUNRISE FL 33323  
US

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 &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1993

5. FEI Number

59-3207727

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
<del>CEO</del> CEO	EISENBERG, MITCHELL	1613 NORTH HARRISON PARKWAY, SUI	SUNRISE FL 33323
PD	GOLD, LEWIS	1613 NORTH HARRISON PARKWAY, SUI	SUNRISE FL 33323
CFOD	COWARD, ROBERT	1613 NORTH HARRISON PARKWAY, SUI	SUNRISE FL 33323
VPS	MARTUS, JAY	1613 NORTH HARRISON PARKWAY, SUI	SUNRISE FL 33323
VP	TIMMONS, RUBEN M.D.	510 CORDAY STREET	PENSACOLA FL 32503
<del>COO</del>	<del>PINNAS, SUSAN</del>	<del>1613 NORTH HARRISON PARKWAY, SUI</del>	<del>SUNRISE FL 33323</del>

8. Name and Address of Current Registered Agent

MARTUS, JAY A  
1613 NORTH HARRISON PARKWAY, SUITE 200  
SUNRISE FL 33323

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

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent  
REGISTERED AGENT MUST SIGN

Date 11/4/2003

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)(b), 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.

NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY A. MARTUS, SR. VICE PRESIDENT

Date 11/4/03

954-838-2770

Date

Daytime Phone #

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0062593 AV

CR2E040 (7/03)



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1613 N. Harrison Parkway  
Suite 200  
Sunrise, FL 33323  
800.437.2672  
Fax 954.851.1780

November 4, 2003

**VIA E-FILING**

Secretary of State  
Division of Corporations  
Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Northwest Florida Anesthesia Consultants  
Document Number P93000076144

Gentlemen:

Please be advised that Andy Dunlap, Reinstatement Section Supervisor, has authorized this reinstatement application to be filed without penalty in the amount of \$150.00.

I attempted to timely file the 2003 UBR for this Corporation electronically on April 18, 2003, together with the UBRs for approximately 30 other companies that I maintain in my capacity as Assistant Corporate Secretary for Sheridan Healthcare and its subsidiaries and affiliates. Using our corporate E-file account for payment, I print out a filing receipt and internet tracking number for each UBR before going on to the next one. Unfortunately, I did not specifically review each line item on the April E-file account statement and missed that the payment did not go through for this particular filing. However, we did not receive either the second notice or final notice that the Corporation was going to be dissolved. The only notice we received was the dissolution notice.

Thank you for your cooperation in this regard. Please do not hesitate to contact me with any questions regarding this notification.

Very truly yours,

A handwritten signature in cursive script that reads "Stacy Santarone".  
Stacy Santarone  
Assistant Corporate Secretary

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I20000000045  
Phone : (954)838-2769  
Fax Number : (954)851-1780

**CORPORATION REINSTATEMENT**

**NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$661.25

\* 150.00 - see letter attached

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