

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 MAR 13 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000048038**

St. John's Anesthesiology, Inc.
P.O. Box 2325
Sanford, FL 32772-2325

700002116187-035
-03/18/97-01069-0035
****315.00 ****315.00

2. If Address on Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

REINSTATEMENT

3. If Principal Office Address is different from mailing address, enter address below:

Address

250 County Road 427, Suite 112B

City and State

Zip Code

Longwood, FL 32750

4. Date Incorporated or Qualified To Do Business in Florida

06/20/1994

5. FEI Number

59-3321344

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, T	PREGANZ, PETER R MD	250 County Rd 427, 112B	Longwood, FL 32750
D, P	ESPINOLA, ARTURO MD	250 County Rd 427, 112B	Longwood, FL 32750
D, VP	GARCIA-PIEDRA, ORLANDO MD	250 County Rd 427, 112B	Longwood, FL 32750
D, VP	DONES, ANABELLE MD	250 County Rd 427, 112B	Longwood, FL 32750
D, S	AVIDON, G. STEVEN MD	250 County Rd 427, 112B	Longwood, FL 32750
D, VP	SANKARAN, IYER MD	250 County Rd 427, 112B	Longwood, FL 32750

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

PREGANZ, PETER R MD
1401 WEST SEMINOLE BLVD.
SANFORD, FL 32771

9. If changed, new registered agent / office

Name

ARTURO ESPINOLA, M.D.

Street Address (Do NOT Use P.O. Box Number)

250 County Road 427

Street Address (Do NOT Use P.O. Box Number)

Suite 112B

City

Longwood

State

FL

Zip

32750

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

Arturo Espinola, M.D.
ARTURO ESPINOLA, M.D.

Date 3/18/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Arturo Espinola, M.D.
ARTURO ESPINOLA, M.D., PRESIDENT AND DIRECTOR

Date 3/18/97

Daytime Phone # (407) 332-1570

Typed or printed name of signing officer or director

CR2E040 (8/92)