

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000048038

1. Corporation Name

ST. JOHN'S ANESTHESIOLOGY, INC.

Principal Place of Business

Mailing Address

250 COUNTY ROAD 427
 SUITE 112B
 LONGWOOD FL 32750

P.O. BOX 2925
 SANFORD FL 32772-2925

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

REINSTATEMENT

98 DEC 22 AM 11:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. SUITE 114		Suite, Apt. #, etc. P.O. Box 521162		06/20/1994	
City & State		City & State LONGWOOD FL		5. FEI Number 59-3321344	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
32752	USA	32752	USA		

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
DT	PREGANZ, PETER R MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DP	ESPINOLA, ARTURO MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DVP	MICHAEL BINFORD ADD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DVP	GARCIA-PIEDRA, ORLANDO MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DVP	DONES, ANABELLE MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DS	AVIDON, G. STEVEN MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750
DVP	SANKARAN, IYER MD	250 COUNTY ROAD 427, 112B	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G. STEVEN AVIDON ESPINOLA, ARTURO M.D. OKAY 250 COUNTY ROAD 427 SUITE 114 LONGWOOD FL 32750	Name G. STEVEN AVIDON, M.D. Street Address (P.O. Box Number is Not Acceptable) 250 COUNTY ROAD 427 Suite, Apt. #, Etc. SUITE 114 City LONGWOOD State FL Zip 32750
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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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **12/18/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G. STEVEN AVIDON, MD

Date **12/18/98**

Daytime Phone # **407-332-7537**

CR2040 (8/98)