

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

99 OCT 18 PM 2:27

DOCUMENT # P94000048038

1. Corporation Name

ST. JOHN'S ANESTHESIOLOGY, INC.

Principal Place of Business

Mailing Address

250 COUNTY ROAD 427  
SUITE 114  
LONGWOOD FL 32750

P.O. BOX 521162  
LONGWOOD FL 32752

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

06/20/1994

5. FEI Number

59-3321344

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
DT	PREGANZ, PETER R MD	250 COUNTY ROAD 427, 112B	100003026721--4 -10/27/99-01878-026 ****750.00 ****750.00 LONGWOOD FL 32750
DP	ESPINOLA, ARTURO MD	250 COUNTY ROAD-427, 112B	LONGWOOD FL 32750
DVP	BINFORD, MICHAEL	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

AVIDON, G. STEVEN M.D.  
250 COUNTY ROAD 427  
SUITE 114  
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/15/99

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

Daytime Phone #

CR2540 (8/99)