

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

RECEIVED
JAN 07 1998
STATE OF FLORIDA
DEPARTMENT OF STATE

DOCUMENT # P96000024518

1. Corporation Name
FLORIDA ANESTHESIOLOGY & PAIN CLINIC, P.A.

Principal Place of Business
748 LAKSIDE DRIVE
NORTH PALM BEACH FL 33408

Mailing Address
748 LAKSIDE DRIVE
NORTH PALM BEACH FL 33408



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.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1996
5. FEI Number 65065 7321
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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PSTD, XAVIER, RAVI M.D., 748 LAKSIDE DRIVE, NORTH PALM BEACH FL 33408.

300002285473-5
-01/09/98--01057--001
****900.00 ****900.00

REINSTATEMENT 07-98 1/7/98

8. Name and Address of Current Registered Agent

XAVIER, RAVI M.D.
748 LAKSIDE DRIVE
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

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 Jan 05, 1998

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

RAVI XAVIER, M.D.

Jan. 5, 1998

561-840-8568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

CR2500 (9/97)