2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# P96000026940

Entity Name: ANESTHESIA PAIN CARE CONSULTANTS, INC.

Current Principal Place of Business:

7777 NORTH UNIVERSITY DRIVE
SUITE 101
TAMARAC, FL 33321

New Principal Place of Business:

7171 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC, FL 33321

Current Mailing Address:

7154 N UNIVERSITY DR
316
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0652448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 334310000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK COEL, ESQ.
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: FOX, IRA B
Address: 7777 N UNIVERSITY DRIVE SUITE 101
City-St-Zip: TAMARAC, FL 33321

Title: VT ( ) Delete
Name: LASNER, JAY E
Address: 7777 N UNIVERSITY DR SUITE 101
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY LASNER VT 09/19/2005
Electronic Signature of Signing Officer or Director Date