PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 JUL 20 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FL

600370831506
07/21/21--01004--002 **750.00

CR2E081 (11/10)

DOCUMENT # P96000103446

1. Corporation Name

First Anesthesia Associates, Inc

2. Principal Office Address - No P O Box #	3. Mailing Office Address
730 Goodlette Road	730 Goodlette Road
Suite, Apt #, etc: Suite 200	Suite, Apt #, etc: Suite 200
City & State: Naples Florida	City & State: Naples, Florida
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/24/96

5. FEI Number: 59-3420266 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name: Jeffrey Mustan, Esq

Street Address (P O Box Number is Not Acceptable): 301 W. Bay Street

Suite, Apt #, Etc: Suite 14152

City: Jacksonville State: FL Zip Code: 32202

REINSTATEMENT
2021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S

Signature of Registered Agent: Jeffrey Mustan
REGISTERED AGENT MUST SIGN

Date: 07/08/2021

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/S	James J. Worden	730 Goodlette Road Suite 200	Naples FL 34102

10 E-mail Address: jmustan@southernhealthlawyers.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

SIGNATURE: James J. Worden 7/5/21 (239) 659-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 20 2021