

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV 26 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074337

1. Corporation Name

FLORIDA GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P
.A.

Principal Place of Business

Mailing Address

~~730 S STERLING~~ 2 Columbia Dr.
~~STE 302~~ Tampa
~~TAMPA FL 33609~~
US

730 S STERLING
STE 302
TAMPA FL 33609
US

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

2 Columbia Drive

360 Blanca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A312

City & State

City & State

Tampa FL

Tampa Florida

Zip

Zip

33606

33606

Country

Country

USA

USA



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1997

5. FEI Number

65-0791956

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	City / State / Zip
D	MANGAR, DEVANAND	730 S STERLING STE 302 2 Columbia Drive	TAMPA FL 33609 33606
D	TOSCANO, RAMON C	730 S STERLING, STE 302 2 Columbia Drive	TAMPA FL 33609 33606
D	KIRCHHOFF, GARY P Amrat Anand	730 S STERLING, STE 302	TAMPA FL 33609
D	Anand, Amrat	2 Columbia Dr.	Tampa FL 33606
			500004721315--7 -12/12/01--01082--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEVANAND, MANGAR
730 S STERLING AVE
STE 302
TAMPA FL 33609

Name

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

360 Blanca Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Devanand Mangar

REGISTERED AGENT MUST SIGN

Date 11/29/01

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:

Devanand Mangar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/01

Date

Daytime Phone #

(813)

844 -

4434

CR2040 (8/01)