

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

00 NOV -8 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020268

1. Corporation Name

ANESTHESIA CARE EXPERTS, INC.

Principal Place of Business

880 SIXTH STREET SOUTH
~~STE 300~~
ST PETERSBURG FL 33701

Mailing Address

880 SIXTH STREET SOUTH
~~STE 300~~
ST PETERSBURG FL 33701

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 110

Suite, Apt. #, etc.

Suite 110

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1998

5. FEI Number

59-3498964

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| VD | ELINGER, JOHN H | 880 SIXTH STREET S, STE 300 | ST PETERSBURG FL 33701 |
| SD | MILLER, JEFFREY W | 880 SIXTH STREET S, STE 300 | ST PETERSBURG FL 33701 |
| TD | VENER, DAVID F | 880 SIXTH STREET S, STE 300 | ST PETERSBURG FL 33701 |
| SD | DICKERSON, ROBERT R | 660 SIXTH STREET S, STE 300 | ST PETERSBURG FL 33701 |
| PD | VAUGHN, GLENN C | 660 SIXTH STREET S, STE 300 | ST PETERSBURG FL 33701 |
| | | | |

8. Name and Address of Current Registered Agent

VAUGHN, GLEN C
880-6TH ST S.
STE 300
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

100002456381-6

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

11/07/00-01139-004
***2456.00 ***750.00

Suite, Apt. #, Etc.

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 607.0508, F.S.

Signature of
Registered Agent

[Signature]
REINSTATEMENT REQUIRED
REGISTERED AGENT MUST SIGN

Date

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

(727) 551-0660

CR2ED40 (8/00)