

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000048259

FILED
Oct 12, 2004
Secretary of State

Entity Name: ANESTHESIA & PAIN CONSULTANTS, P.A.

Current Principal Place of Business:

150 REDSTONE AVENUE EAST
SUITE B
CRESTVIEW, FL 32539

New Principal Place of Business:

634 RIVERWOOD DRIVE
CRESTVIEW, FL 32536

Current Mailing Address:

150 REDSTONE AVE EAST
SUITE B
CRESTVIEW, FL 32539

New Mailing Address:

P.O. BOX 640
CRESTVIEW, FL 32536

FEI Number: 59-3513671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, DANIEL G DO
2701 MICHELLE COURT
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

MORRIS, DANIEL G DO
6330 AUGUSTA COVE
DESTIN, FL 32541 US

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: DANIEL G. MORRIS, D.O.

10/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, DANIEL G DO
Address: 2701 MICHELLE COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: V () Delete
Name: VAN ALLEN, KARY MD
Address: 150 REDSTONE AVE, SUITE B
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, DANIEL G DO
Address: 6330 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32541

Title: V (X) Change () Addition
Name: VAN ALLEN, KARY MD
Address: 130 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

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: DANIEL G. MORRIS, D.O.

PRES

10/12/2004

Electronic Signature of Signing Officer or Director

Date