

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -5 PM 3:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000102040

1. Corporation Name

FLORIDA PAIN AND ANESTHESIA, P.A.

Principal Place of Business

6440 W. NEWBERRY RD STE 106 GAINESVILLE FL 32605

Mailing Address

6440 W. NEWBERRY RD STE 106 GAINESVILLE FL 32605

Handwritten initials



REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1998

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

5. FEI Number

59-3545563

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, MORGAN, ALBERT, 22 NW 101ST CT, GAINESVILLE FL 32607. Includes handwritten numbers 500003582775--2 and amounts \*\*\*\*758.75 \*\*\*\*750.00.

8. Name and Address of Current Registered Agent

MORGAN, ALBERT 6440 W. NEWBERRY RD #106 GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields: Name, Street Address, Suite, Apt. #, Etc., City, 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 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 12-8-00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-07-00 352-333-5185 Daytime Phone #

CR2E040 (800)