

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 MAR 20 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT



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

DOCUMENT # P99000029582

1. Corporation Name
Atlantic Anesthesia and Pain Consultants, P.A.

2. Principal Office Address 2836 Enterprise Road Suite, Apt. #, etc. Suite #1 City & State Debary, FL Zip 32713 Country USA		3. Mailing Office Address 2836 Enterprise Road Suite, Apt. #, etc. Suite #1 City & State Debary, FL Zip 32713 Country USA	
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4. Date Incorporated or Qualified
To Do Business in Florida. March 31, 1999

5. FEI Number
59-3545891
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
Palmetto Charter Services, Inc. 700005183127--2

Street Address (P.O. Box Number is Not Acceptable)
150 Magnolia Avenue -04702702--01043--028
***900.00 ***900.00

Suite, Apt. #, Etc.

City
Daytona Beach State FL Zip Code 32114

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 *[Signature]* V.P. Date 3/19/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	Mahendra Sanapati	2836 Enterprise Road #1 Debary, FL 32713	

10. 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]* Mahendra Sanapati, President Date 3/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 386.673.9595

CR2E081 (9/01)