

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
1998 FOR AR  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 NOV 19 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S64996**

1. Corporation Name

**NORTHWEST ANESTHESIOLOGIST GROUP, P.A.**

Principal Place of Business

Mailing Address

7301 W CYPRESS HEAD DRIVE  
PARKLAND FL 33067

7301 W CYPRESS HEAD DRIVE  
PARKLAND FL 33067

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, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida

07/02/1991

5. FEI Number

65-0268806

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOTTA, AL	7301 W CYPRESS HEAD DR	PARKLAND FL 33067
D	MUENTE, VICTOR E	6810 YELLOWSTONE LANE	PARKLAND FL 33067
T	HINDIN GARY S	19267 BAYLEAF ET	BOCA RATON FL 33498
S	COLDBERG ANDREW J	3603 HIGH PINE DR	CORAL SPRINGS FL 33065
			400002696074--6 -11/25/98--01004--022 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

MOTTA, AL  
7301 W. CYPRESS HEAD DRIVE  
PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11-13-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-98

Daytime Phone #

(954)  
7558368

CR2040 (9/98)

**Joel R. Camhi**  
Certified Public Accountant

MEMBER  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

10100 West Sample Road • Suite 300 • Coral Springs, Florida 33065 • (954) 341-4300 • 1 (800) 929-6264 • Fax: (954) 341-5217

November 13, 1998

Certified Mail/Return Receipt Requested

Mr. Sammy Caldwell  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Northwest Anesthesiologist Group, P.A.  
Document #S64996


Dear Mr. Caldwell:

As per our telephone conversation today, please be advised that Northwest Anesthesiologist Group, P.A. mailed their Annual Report to you on February 11, 1998, along with their check #2703 in the amount of \$150.00. This check has not cleared the bank as of this date, therefore, it must have been lost in the mail. Enclosed is the reinstatement documents and a new check in the amount of \$158.75, which represents the filing fee as well as an additional fee for a Certificate of Status.

Northwest Anesthesiologist Group, P.A. is very appreciative that you are waiving the late fees involved in this matter. If and when the original check #2703 is received by our office, they would appreciate it if you could return the check to them.

If you have any questions, please feel free to call me or Dr. Alberto Motta at 954-755-8368.

Sincerely,



Pam Camhi



Dr. Alberto Motta, President

11-13-98

Date

/pc  
Enclosures