


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 05 MAY -2 AM 8:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000045127

1. Corporation Name
L.A.D. ANESTHESIA INC.

Principal Place of Business 616 NARVAEZI ST. VENICE FL 34285 US	Mailing Address 616 NARVAEZI ST. VENICE FL 34285 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT
 Roberts Pini & Co. 03-05

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 2587 RINGLING BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SARASOTA, FL 34237
Zip	Country
	34237

4. Date Incorporated or Qualified To Do Business in Florida 05/04/2001	
5. FEI Number 59-3716443	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/T	REYNOLDS, DEBORAH A	616 NARVAEZI STREET	VENICE FL 34285
S	JOHN W. MCKENNEY JR.	2587 RINGLING BLVD	SARASOTA, FL 34237

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 05/11/05--01064--021 **1058.75

8. Name and Address of Current Registered Agent
REYNOLDS, DEBORAH A
616 NARVAEZI ST.
VENICE FL 34285

9. Name and Address of New Registered Agent

Name JOHN W. MCKENNEY JR
Street Address (P.O. Box Number is Not Acceptable) 2587 RINGLING BLVD
Suite, Apt. #, Etc.
City SARASOTA
State FL
Zip Code 34237

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. or 617.0505, F.S.

Signature of Registered Agent: *Deborah A Reynolds* Date: 4/24/05
 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: *Deborah A Reynolds* 941 4121815
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-24-05 Daytime Phone #: 941 4845770

CR2E040 (7/03)