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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007624

1. Corporation Name

Congenital Heart Institute of Florida, Inc.

FILED
06 AUG 17 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6006 49th Street No.

3. Mailing Office Address

6006 49th Street No

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33709

Country

USA

Zip

33709

Country

USA

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 09/04/2003

5. FEI Number
45-0523154

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
James A. Quintessenza, M.D.

Street Address (P.O. Box Number is Not Acceptable)
603 Seventh Street South

Suite, Apt. #, Etc.
Suite 450

City
St. Petersburg,

500078989975

08/22/06--01022--009 **297.50

State
FL

Zip Code
33701

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

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list of	officers and directors	

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Quintessenza, M.D., Co-Chairman

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EXHIBIT "A"

9. Officers/Directors and Business Addresses

<u>Titles</u>	<u>Name and Street Address</u>
Co-Chairman/Director	James A. Quintessenza, M.D. 6006 49 th Street North Suite 310 St. Petersburg, Florida 33709
Co-Chairman/Director	Jorge McCormack, M.D. 840 Dr. Martin Luther King, Jr., Street North, Suite 400 St. Petersburg, FL 33705
Secretary/Director	Jeffery P. Jacobs, M.D. 6006 49 th Street North Suite 310 St. Petersburg, Florida 33709
Director	Paul Chai, M.D. 6006 49 th Street North Suite 310 St. Petersburg, Florida 33709
Director	Richard Martinez, M.D. 840 Dr. Martin Luther King, Jr., Street North, Suite 400 St. Petersburg, FL 33705
Director	James Huhta, M.D. 840 Dr. Martin Luther King, Jr., Street North, Suite 400 St. Petersburg, FL 33705
Director	Dien N. Vu, M.D. 1033 Dr. Martin Luther King, Jr. Street North, Suite 108 St. Petersburg, FL 33701
Director	Jeffrey Miller, M.D. 1033 Dr. Martin Luther King, Jr. Street North, Suite 108 St. Petersburg, FL 33701

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Director

Albert Saltiel, M.D.
1033 Dr. Martin Luther King, Jr.
Street North, Suite 108
St. Petersburg, FL 33701

Director

Daniel Riggs, M.D.
1033 Dr. Martin Luther King, Jr.
Street North, Suite 108
St. Petersburg, FL 33701

Director

Agustin Ramos, M.D.
2501 North Orange Avenue
Suite 310
Orlando, FL 32804

Director

Thomas P. Carson
3813 Oakwater Circle
Orlando, Florida 32806