PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051777

1. Corporate Name

Heart Care Centers, P.A.

Principal Place of Business | Mailing Address

99 MAY 10 AM 10:20

TALLAHASSEE, FLORIDA

200002883112--9
-05/21/99--01113--018
***1050.00 ***1050.00

If above addresses are incorrect in any way, the following incorrect information and reason for the change are:

2. New Principal Office Address, If Applicable
655 S. Apollo Blvd.
Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip: 32901-1485 | Country: USA

3. New Mailing Office Address, If Applicable
Same
Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
July 1, 1994

5. FEI Number
59-3253189
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P S, T	Thareja, Subhash K., M.D.	655 S. Apollo Blvd.	Melbourne, FL 32901-1485

REINSTATEMENT 97-99 TB

8. Name and Address of Current Registered Agent

Thareja, Subhash K., M.D.
655 S. Apollo Blvd.
Melbourne, FL 32901-1485

9. Name and Address of New Registered Agent

Name
Anderson, J. Patrick, Esquire
Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Blvd.
Suite, Apt. #, Etc.
Suite 505
City
Melbourne
State: FL | Zip Code: 32901

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
REGISTERED AGENT MUST SIGN

Date 5/4/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Subhash K. Thareja 5/3/99 (407) 951-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #