

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 DEC 27 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60449**

1. Corporation Name

CHARLES A. VILLOCH CARDIOLOGY, M.D., P.A.

Principal Place of Business

Mailing Address

11050 OLD CUTLER RD
CORAL GABLES FL 33146
US

P.O. BOX 451205
MIAMI FL 33145
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

~~11050 OLD CUTLER RD~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~11050 OLD CUTLER RD~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1992 **SP**

5. FEI Number

65-0349207

Applied For

Not Applicable

City & State

~~Coral Gables FL~~

City & State

Coral Gables FL

Zip

~~33156~~

Country

USA

Zip

33156

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

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
D	VILLOCH, CHARLES A MD	11050 OLD CUTLER RD	CORAL GABLES FL

800003087848--4
-01/04/00--01078--019
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLOCH, CHARLES A M.D. P.A.
11050 OLD CUTLER RD
CORAL GABLES FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/29/99

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.20.99

Date

3056625284

Daytime Phone #