


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC -3 PM 12:28

DOCUMENT # **V60449**

1. Corporation Name  
**CHARLES A. VILLOCH CARDIOLOGY, M.D., P.A.**

Principal Place of Business 11050 OLD CUTLER RD CORAL GABLES FL 33156 US	Mailing Address 11050 OLD CUTLER RD CORAL GABLES FL 33156 US
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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

4. Date Incorporated or Qualified To Do Business in Florida <b>08/26/1992</b>	
5. FEI Number <b>65-0349207</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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
D	VILLOCH, CHARLES A MD	11050 OLD CUTLER RD	CORAL GABLES FL 33156

100004721351--6  
 -12/12/01--01078--013  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

VILLOCH, CHARLES A MD PA  
 11050 OLD CUTLER RD  
 CORAL GABLES FL 33156

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]* Date **12/21/01**  
 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: *[Signature]* Date **12/29/01** Daytime Phone #

CR2E040 (801)

CHARLES A. VILLOCH  
11050 Old Cutler Road  
Coral Gables, Fl. 33156

November 21, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Charles A. Villoch Cardiology, M.D., and P.A.  
Document # V60449

Dear Sr. or Madam:

This letter is to notify you that I did not paid my corporate annual fee before because I did not received the Annual Corporate Report.

Enclosed find a check for \$ 150.00 as per our telephone conversation. Please abate the restatement fees and restate my corporation as soon as possible.

If you have any question do not hesitate to call me at 305-858-2211

Sincerely,

  
Dr. Charles A. Villoch