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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

DOCUMENT # P01000030228

1. Entity Name
Gino Vitiello, MD, PA
P01000030228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9299 SW 152 St #203 Miami, FL 33157
Suite, Apt. #, etc.
203
City & State
Miami, FL
Zip
33157
Country
USA

3. Mailing Address
9299 SW 152 St #203 Miami FL 33157
Suite, Apt. #, etc.
203
City & State
Miami, FL
Zip
33157
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1089327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name Gino Vitiello
Street Address (P.O. Box Number is Not Acceptable) 9299 SW 152 St #203
City Miami **FL** Zip Code 33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
10/22/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Gino Vitiello, MD
STREET ADDRESS	9299 SW 152 St #203
CITY-ST-ZIP	Miami, FL 33157
TITLE	
NAME	
STREET ADDRESS	
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TITLE	500008595585
NAME	10/25/02--01077--001 **158.75
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/22/02 Date (305) 255-2501 Daytime Phone #

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Comprehensive Cardiovascular Consultants

Diplomate American Boards of
Internal Medicine, Cardiovascular Disease,
Interventional Cardiology and Nuclear Cardiology

Gino Vitiello, M.D., P.A.
Henry Rojas, PA-C

October 22, 2002

To whom it may concern,

I, Gino N. Vitiello, am the officer and director of Gino Vitiello, MD, PA. I did not receive any previous notice of necessity to file a corporation annual report. I am requesting that the corporation be reinstated and the fee be waived in view of the fact that I did not receive prior correspondence. Enclosed please find the $150.00 fee to file the uniform business report. Feel free to contact me if further information is needed.

Sincerely,

Dr. Gino N. Vitiello

9299 SW 152nd Street, Suite 203 • Miami, Florida 33157 • Tel: (305) 255-2500 • Fax: (305) 255-5395