

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000050193

**Entity Name:** PREMIER HEART AND VASCULAR CENTER, P.A.

**Current Principal Place of Business:**

38035 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

38035 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540 US

**FEI Number:** 20-3842362

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, GARY  
202 S ROME AVE  
100  
TAMPA, FL 33606 US

*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:** GARY WALKER

10/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GUPTA, SUNIL M.D.  
Address 38035 MEDICAL CENTER AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title VD  
Name CHAUHAN, KETUL K M.D.  
Address 38035 MEDICAL CENTER AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title SD  
Name KHAMARE, CHETAN  
Address 38035 MEDICAL CENTER AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title TREASURER, DIRECTOR  
Name SOMA, VIKAS  
Address 38035 MEDICAL CENTER AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33540

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUNIL GUPTA

PRESIDENT

10/02/2020

Electronic Signature of Signing Officer/Director Detail

Date