

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 602843

**FILED**  
**Nov 28, 2011**  
**Secretary of State**

**Entity Name:** CARDIOLOGY ASSOCIATES OF FORT LAUDERDALE, P.A.

**Current Principal Place of Business:**

4725 N. FEDERAL HIGHWAY, SUITE 401  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4725 N. FEDERAL HIGHWAY, SUITE 401  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 59-1358573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FONT, VICENTE E MD  
4725 N. FEDERAL HIGHWAY, SUITE 401  
FT. LAUDERDALE, FL 33308 US

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

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: VINCENTE E. FONT, MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: RUSSO CHARLES D. MD  
Address: 4725 N. FEDERAL HWY 401  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD  
Name: MUSIAL, BART B MD  
Address: 4725 N. FEDERAL HWY 401  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: GUZMAN, PABLO MD  
Address: 4725 N FEDERAL HWY 401  
City-St-Zip: FT. LAUDERALDE, FL 33308

Title: D  
Name: ALVAREZ ALFRED J. MD  
Address: 4725 N. FERDERAL HWY 401  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD  
Name: MUNUSWAMY, KARAN MD  
Address: 4725 N. FEDERAL HWY  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PD  
Name: FONT, VICENTE E MD  
Address: 4725 N FEDERAL HWY 401  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: VINCENTE E. FONT MD

PRES

11/28/2011

Electronic Signature of Signing Officer or Director

Date