

APPLICATION FOR
REINSTATEMENT
FOR

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 11 AM 11:17

DOCUMENT #

1. Name of Limited Partnership

Port St. Lucie Cardiovascular Center, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
2755 Campus Drive

Suite, Apt. #, etc.
200

City & State
San Mateo, CA

Zip Country
94403

3. Principal Office Address
1700 S.E. Hillmoor Drive

Suite, Apt. #, etc.
202

City & State
Port St. Lucie

Zip Country
34952

4. Date Formed or Registered
To Do Business in Florida 07/15/93

5. FEI Number
65-0398830

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ See 26. Additional Fee required for a Certificate of Status.

7. State or Country of Formation Florida

8a. Capital Contributions as Shown
on Record
6,862,745.00

8b. Amount of Capital Contributions in
FLORIDA to date
6,862,745.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Name
Ct. Corporation System

Street Address (P.O. Box Number Is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City Zip Code
Plantation FL 33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment)

DATE 5/8/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

Cardiovascular Center of
Port St. Lucie, Inc.

1700 S.E. Hillmoor
Drive, Ste 202

Port St. Lucie, FL
34952

P93000025747

PENALTY - 500.00
AR - 437.50
SUPP - 88.75
\$1,026.25

REINSTATEMENT 1998

200002525702-1
-05/15/98-01084-005
***1026.25 ***1026.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Michael O. Kokesch Secretary & General Partner DATE 4/27/98

Typed or Printed Name of General Partner Signing Form

MICHAEL O. KOKESCH, Secretary

Telephone Number

USD-349-0800

CR2E039 (12/97)