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APPLICATION FOR REINSTATEMENT  DOCUMENT # F73561  1. Corporation Name Non-Invasore Cardiac Services of Vero Beach, INC  Principal Place of Business	FEEROL NEAD AL	L INSTRUCTIONS BEFORE C	
Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS  96 NOV 15 PM 12: 52  96 NOV 15 PM 12: 52  SECRETARY OF STATE TALLAHASSEE, FLORIDA  Malling Address  Malling Office Address, H Applicable  1. New Malling Office Address, H Applicable  2. New Phin-plus Office Address, H Applicable  3. New Malling Office Address, H Applicable  3. New Malling Office Address, H Applicable  5. FEI Number  6. FEI Number  6. FEI Number  7. Nemes and Street Addresses of Each Office and/or Director (Florida norprofit copporation and or Directors)  7. Names and Street Addresses of Each Office and/or Director (Florida norprofit copporation and or Directors)  7. Names and Street Addresses of Each Office and/or Director (Florida norprofit copporation and or Directors)  7. Names and Street Addresses of Each Office and/or Director (Florida norprofit copporation and/or Directors)  7. Names and Address of Each Office and/or Director (Florida norprofit copporation and/or Directors)  7. Names and Address of Each Office and/or Director (Florida norprofit copporation and/or Directors)  7. Names and Address of Capporation and/or Directors  7. Names and Address of Capporation and/or Directors  7. Names and Address of Capporation Application and/or Directors  7. Names and Address of Capporation Application and/or Directors  8. Name and Address of Capporation and Address of New Magazane Application and Address of Capporation and Address of New Magazane Application and Address of New Magazane Applicatio	APPLICATION APPLICATION	*	
DOCUMENT # F73561  1. Coporation Name NON-INVASIVE CARDIAC SERVICES OF VERO BEACH,INC  Principal Place of Business			ar Pi
DOCUMENT # F73561  1. Corporation Name  NON-INVASIVE CARDIAC SERVICES OF VERO BEACH, INC  Principal Place of Business	REINSTATEMENT		
NON-INVASIVE CARDIAC SERVICES OF VERO BEACH, INC  Principal Place of Business			96 NOV 15 PM 12: 52
Principal Place of Business  Walling Address  Walling Office Address, If Applicable  Surfa, Apt. 4, etc.  Accessed For Country  Walling Office Address, If Applicable  Surfa, Apt. 4, etc.  Surfa, Apt. 4, etc.  Surfa, Apt. 4, etc.  Surfa, Apt. 5, etc.  Surfa, Apt. 5, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 6, etc.  Surfa, Apt. 7, etc.  Surfa, Apt. 8, etc.  Surfa, Apt. 9, etc.  Surfa, Apt.	· · · · · · · · · · · · · · · · · · ·		SECRETARY OF STATE
Part   Street   Suite   Apt   Street   Suite   Apt   Street   Suite   Apt   Street   Address of Each Officer and/or Directors   Suite   Address of Each Offic	NON-INVASIVE CARDIAC SERVI	CES OF VERO BEACH,INC	TALLAHASSEE, FLORIDA
Part   Street   Suite   Apt   Street   Suite   Apt   Street   Suite   Apt   Street   Address of Each Officer and/or Directors   Suite   Address of Each Offic	•		
VERO BON R. 32900  VERO BON R. 32900  REINSTATEMENT   REINSTATEMENT   REINSTATEMENT   REINSTATEMENT   A. Deta Incorporated or Qualified  To Do Business in Fiorida  To Do Business in F			
Record of Country   2p   3.2960   Country   2p   3.2	*** **** ** ***		
Record of Country   2p   3.2960   Country   2p   3.2			DEMOTATEMENT ()
2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Dath incorporated or Qualified To Do Business in Fiorida 5. FEI Number 59-2178448 Applied For Not Applicable 4. Deth incorporated or Qualified 5. FEI Number 59-2178448 Applied For Not Applicable 4. Deth incorporated or Qualified 5. FEI Number 59-2178448 Applied For Not App	If ahove aridrasses are incorrect in any way line through	h incorrect information and enter correction below.	KEINSTALEMENT W
Suite, Apt. *, etc. 910 20 th Street 849 20 th Street 592178448 Applied For City & State Vero Beach FL City & State Vero Beach FL City & State Vero Beach FL Country 29 32960 Country 29 32960 Country 29 32960 Country 3 32960 Country			4. Date Incorporated or Qualified To Do Rushess in Florids
City & State Vero Beach FL Vero Beach FL Country Ja 32960 Country Gountry Country US P 32960 Country Gountry US P 32960 Country Gountry Gountr	Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Zip 3.2960 Country (1.5 P) 3.2960 Country (1.5 P) CERTIFICATE OF STATUS DESIRED (1.5 P) CERTIFICATE OF STATU	City & State	City & State	33-217 <b>643</b>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must let at least 3 directors)  Title(s)  Title(s)  Name of Officers and/or Directors  3 (Do NOT Use Post Office Box Numbers)  WERD BCH, FL eases 32.960  TTT ST ST STE BHOT  WERD BCH, FL eases 32.960  TTT ST ST STE AND  P AGKSON, THOMAS A:  P AGKSON,	Vero Beach FZ	io Country	1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must let at least 3 directors)  Title(s)  Title(s)  Name of Officers and/or Directors  3 (Do NOT Use Post Office Box Numbers)  WERD BCH, FL eases 32.960  TTT ST ST STE BHOT  WERD BCH, FL eases 32.960  TTT ST ST STE AND  P AGKSON, THOMAS A:  P AGKSON,	32960 USA	32960 USA	See Set Asia
Title(s)   2   and/or Directors   3   (Do NOT Use Post Office Box Numbers)   4	<ol><li>Names and Street Addresses of Each Officer and/or I</li></ol>	Director (Florida nonprofit corporations must list at les Street Address of Each	ast 3 directors)
### ### ### ### ### ### ### ### ### ##	Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box?	(Umbere) 4
P. Rodriguez-Viera, Victor 1820 43" Rue. #2  300002009843-7 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017 -11/20/96-01073-017	DP MENDOZA, ROLANDO A.	777 S7 ST STE B107	VEHO BCH, FL 0000 32960
Rodriguez-Viera, Victor 1820 43" Rue. #2  300002009843-7 -11/20/96-01073-017 -11/20/95-01073-017			4500 tot. 12 32960
30002009843—7 -11/20/96—01073—017 -11/20/95—01073—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96—017 -11/20/96 -11/20/9	PR Rodriguez-Viera,	Victor 1820 43" Ave.	42
-11/20/96 -01073 -017 ENNINGTS. 00 ENNINGTS. 00  US US OF CUrrent Registered Agent  8. Name and Address of Current Registered Agent	7		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			3000020098437
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
	8. Name and Address of Current Re	9. Hems and Address of New Pageston Agent (1975)	
MENDOZA, ROLANDO A  Street Address (P.O. Box Number is Not Acceptable)	·	Street Address (	P.O. Box Number is Not Acceptable)
177 - 37 ITT SINEEL, SUITE CIUS	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, Etc.		Suite, Apr. W, Ex	
City State Zip Code		City	State Zp Code FL
10. I, being appointed the registered agent of the above named corporation an familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Constant Registered Agent Regist			
Kolonyo A. Mentels BED AGENTANDERS			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 617, F.S./I further certify that when filting this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 97,0401; F.S./ that all tess 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



11/12/96