

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F73561**

1. Corporation Name

**NON-INVASIVE CARDIAC SERVICES OF VERO BEACH, INC**

Principal Place of Business

Mailing Address

~~777 37TH ST STE C103~~  
VERO BCH FL 32960

~~777 37TH ST STE C103~~  
VERO BCH FL 32960



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

849 20<sup>th</sup> Street

849 20<sup>th</sup> Street

City & State

City & State

Vero Beach FL

Vero Beach FL

Zip

Country

Zip

Country

32960

USA

32960

USA

5. FEI Number

50-2178448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MENDOZA, ROLANDO A.	777 37 ST STE B107	VERO BCH, FL 32960
<del>DP</del>	<del>JACKSON, THOMAS A.</del> Rodriguez-Viera, Victor	<del>777 37 ST STE A103</del> 1820 43 <sup>rd</sup> Ave. #2	<del>VERO BCH, FL</del> 32960

300002009843--7  
-11/20/96-01073-017  
\*\*\*\*375.00-\*\*\*\*375.00

VB1-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDOZA, ROLANDO A  
777 - 37TH STREET, SUITE C103  
VERO BEACH 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Rolando A. Mendoza*  
ROLANDO A. MENDOZA  
REGISTERED AGENT

Date

11/12/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated; the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees 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)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Rolando A. Mendoza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rolando A. Mendoza, MD

11/12/96

Date

561-542-5232

Daytime Phone #