

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G31896

FILED
Oct 11, 2010
Secretary of State

Entity Name: BAY AREA HEART CENTER, P.A.

Current Principal Place of Business:

5398 PARK ST N,
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5398 PARK ST N,
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-2291897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDY, MOHAN S MD
5398 PARK ST N
ST. PETERSBURG, FL 33709 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: MOHAN REDDY, MD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: KOHL, DAVID W., MD
Address: 5398 PARK ST N
City-St-Zip: ST PETERSBURG, FL

Title: ST
Name: FINN, JOHN G MD
Address: 5398 PARK ST., N.
City-St-Zip: ST. PETERSBURG, FL

Title: V
Name: SALAZAR, M. FERNANDO MD
Address: 5398 PARK ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: V
Name: FISHMAN, SOL
Address: 5398 PARK STREET NORTH
City-St-Zip: ST. PETERSBURY, FL

Title: P
Name: REDDY, MOHAN
Address: 5398 PARK STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: V
Name: MIKULSKI, MAREK
Address: 5398 PARK STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

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: MOHAN REDDY, MD

P

10/11/2010

Electronic Signature of Signing Officer or Director

Date