

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF
REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L96000000941

Name and Mailing Address

0010247 01 FP 0.352 **PRSR T H7 0 0615 33907-453950
FLORIDA HEART ASSOCIATES, P.L.
1550 BARKLEY CIRCLE
FORT MYERS FL 33907-4539

900009209769
11/25/02--01089--013 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1550 BARKLEY CIRCLE
FORT MYERS FL 33907

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/05/1996

6. FEI Number

65-0690931

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ROSEN, JEFFREY H M.D.
1550 BARKLEY CIRCLE
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

City

REINSTATEMENT 2002
FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	LIGGINI, RAYMOND PAUL M.D. Delete	1550 BARKLEY CIRCLE	FORT MYERS FL 33907
MEM	RUBIN, MICHAEL R M.D.	1550 BARKLEY CIRCLE	FORT MYERS FL 33907
MEM	KSHETRAPAL, SUBHASH M.D.	1550 BARKLEY CIRCLE	FORT MYERS FL 33907
MEM	HON, HENRY H M.D.	1300 ROYAL PALM SQ BLVD 1550 BARKLEY CIRCLE	FT. MYERS FL 33910 33907

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

Daytime Phone #