

L96000000941

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000941

1. Limited Liability Company's Name

FLORIDA HEART ASSOCIATES, P.L.

2. Principal Office Address

1550 BARKLEY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

1550 BARKLEY CIRCLE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS

Zip

33907

Country

US

Zip

FL

Country

US

4. State/Country of Formation

FLORIDA

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

Name

JEFFREY H. ROSEN, M.D.

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

1550 BARKLEY CIRCLE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33907

9. 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

REGISTERED AGENT MUST SIGN

Date

10-8-2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MICHAEL R. RUBIN, M.D.	1550 BARKLEY CIRCLE	FORT MYERS, FL 33907
MEM	SUBHASH KSHETRAPAL, M.D.	1550 BARKLEY CIRCLE	FORT MYERS, FL 33907
MEM	HENRY H. HON, M.D.	1550 BARKLEY CIRCLE	FORT MYERS, FL 33907

11. 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 10-9-03

Daytime Phone # (239) 938-2000

Typed or printed name of signing Managing Member/Manager

MICHAEL R. RUBIN, M.D.

CR2E041 (10/02)