

Page 102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008318

1. Corporation Name

THORACIC & CARDIOVASCULAR RESEARCH, INC.

2. Principal Office Address c/o Donald B. Williams, M.D., P.A.

4300 Alton Road

Suite, Apt. #, etc.

Greenspan 211

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

12/12/2000

5. FEI Number

91-2166779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

08/16/01 9000 010 150.00

7. Name and Address of Current Registered Agent

Name

L.M. Ploucha, Esq.

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

1946 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33020-4517

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Donald B. Williams, M.D.	c/o Donald B. Williams, M.D., 4300 Alton Rd. Greenspan 211 P.A.	Miami Beach, FL 33140
V/D	S. Howard Wittels, M.D.	c/o Donald B. Williams, M.D., 4300 Alton Rd. Greenspan 211 P.A.	Miami Beach, FL 33140
S/T/D	Sylvia Bolivar	c/o Donald B. Williams, M.D., 4300 Alton Rd. Greenspan 211 P.A.	Miami Beach, FL 33140

10. 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)(i), 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.

DONALD B. WILLIAMS, M.D.

SIGNATURE: x

Donald B. Williams

x 1/5/02

(305) 674-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)

Page 2 of 2

ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.

ATTORNEYS AT LAW

WILSON C. ATKINSON, III
JESSE H. DINER
ADELE I. STONE*
DAVID B. MANKUTA
LAWRENCE M. PLOUCHA
RICHARD B. SABRA
JOSEPH J. HUSS
RICHARD A. IVERS
KIMBERLY HALL DOYLE
MARGARET Z. VILLELLA
HOWARD ALLEN COHEN*
BARRY S. SCHINDER
PAUL M. RENNER
RAUL PEREZ BALLAGA
FRANK M. SMITH

1946 TYLER STREET
HOLLYWOOD, FLORIDA 33020-4517

TELEPHONE (954) 925-5501
TELEFAX (954) 920-2711
WWW.ATKINSON-DINER.COM

EDWARD HEILBRONNER
1938 - 2000

* BOARD CERTIFIED IN REAL ESTATE

January 30, 2002

Department of State
Division of Corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314

Re: Thoracic & Cardiovascular Research, Inc.

To Whom It May Concern:

Enclosed are a Corporation Reinstatement form for the above corporation and a check in the amount of \$61.25.

After speaking with someone in your department, we were told to request a refund in the amount of \$150 this corporation previously sent you due to the fact that the annual report was lost in the mail and therefore the corporation did not receive your correspondence of August 17, 2001.

Please call me if you have any questions.

Sincerely,



L.M. Ploucha

LMP:sy

Enclosures

cc: Donald B. Williams, M.D.
Ernest Turner, C.P.A.