PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 12 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000045758

1. Corporation Name
Orlando Cardiovascular Institute, P.A.

2. Principal Office Address	3. Mailing Office Address
3861 Oakwater Circle	PO Box 3749
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32804 Country: US	Zip: 32802 Country: US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business In Florida 4/6/88

5. FEI Number 59-3639742 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joseph H. Boyer Jr.
300025385173
01/26/04--01004--007 **150.00

Street Address (P.O. Box Number is Not Acceptable): 3861 Oakwater Circle, E
300025385173
12/10/03--01023--017 **750.00

Suite, Apt. #, Etc.: Suite 1

City: Orlando | State: FL | Zip Code: 32806

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: JHBoyer JHBoyer
REGISTERED AGENT MUST SIGN
Date: 12/03/03

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
D	Boyer, Joseph H. Jr.	300 Sweetwater Club Blvd	Longwood, FL 32779

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.

SIGNATURE: JHBoyer 12/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #