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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 001000030228

1. Entity Name

Gino Vitiello, MD, PA
001000030228

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9299 SW 152 St #203 Miami, FL 33157

3. Mailing Address

9299 SW 152 St #203 Miami, FL 33157

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State

Miami, FL

City & State

Miami, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-1089327

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Gino Vitiello

Street Address (P.O. Box Number is Not Acceptable)
9299 SW 152 St #203

City

Miami

FL

Zip Code

33157

8. 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

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/22/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
D Gino Vitiello, MD
STREET ADDRESS
9299 SW 152 St #203
CITY- ST- ZIP
Miami, FL 33157

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 (305) 255-2501

CR2E034B (12/01)

Comprehensive Cardiovascular Consultants

Diplomate American Boards of
Internal Medicine, Cardiovascular Disease,
Interventional Cardiology and Nuclear Cardiology.

Gino Vitiello, M.D., P.A.

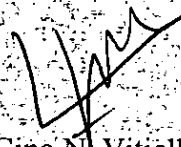
Henry Rojas, P.A.-C

October 22, 2002

To whom it may concern,

I, Gino N. Vitiello, am the officer and director of Gino Vitiello; MD, PA. I did not receive any previous notice of necessity to file a corporation annual report. I am requesting that the corporation be reinstated and the fee be waived in view of the fact that I did not receive prior correspondence. Enclosed please find the \$150.00 fee to file the uniform business report. Feel free to contact me if further information is needed.

Sincerely,



Dr. Gino N. Vitiello