


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 OCT 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000035529**

1. Corporation Name

CARDIOLOGY ON CALL, P.A.

2. Principal Office Address

4300 ALTON ROAD

3. Mailing Office Address

4499 ALTON ROAD

Suite, Apt. #, etc.

SUITE 2050

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

MIAMI-DADE

Zip

33140-2852

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/2001

5. FEI Number

65-1093997

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

COSME E. PEREZ

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

160 12TH AVENUE NE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34120

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	JUAN C. LONDONO	4499 ALTON ROAD	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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN C. LONDONO

10/05/06

Cardiology On Call, P.A.
4499 Alton Road
Miami Beach, FL 34120
Tel. 305-336-7518

October 10, 2006

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

RE: CARDIOLOGY ON CALL, P.A.: Reinstatement (P01000035529); EIN 65-1093997

Dear Director:

We are making this written statement to comply with instructions received by phone from your office.

This is to inform you that we did not received the forms to renew our annual registration for the years 2002, 2003, 2004 and 2005.

For this reason we request waiver on the penalties and as per instructed we are hereby enclosing our check No. 2275 in the amount of \$750.00 to reinstate the status of this firm, CARDIOLOGY ON CALL, P.A. as current for the year 2006.

Thank you.



Cosme E. Perez
Registered Agent