

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 08, 2009
Secretary of State**

DOCUMENT# P01000036389

Entity Name: THE HEART AND VASCULAR CENTER OF VENICE, P.A.

Current Principal Place of Business:

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 65-1092361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASNIGHT, MICHAEL A MD
1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: MICHAEL BASNIGHT MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BASNIGHT, MICHAEL A
Address: 461 BAYSHORE DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: V (X) Delete
Name: BAGA, VICTOR B
Address: 63 SUGAR HILL DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: S (X) Delete
Name: BRATSCHI, SUSAN
Address: 5044 SOUTHERN PINE CIRCLE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BASNIGHT, MD

O/D

12/08/2009

Electronic Signature of Signing Officer or Director

Date