

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000064411

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** CARDIAC AND VASCULAR SURGERY SPECIALISTS, P.A.

**Current Principal Place of Business:**

1121 N.W. 64TH TERR.  
SUITE A  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

1121 N.W. 64TH TERR.  
SUITE B  
GAINESVILLE, FL 32605

**Current Mailing Address:**

1121 N.W. 64TH TERR.  
SUITE A  
GAINESVILLE, FL 32605

**New Mailing Address:**

1121 N.W. 64TH TERR.  
SUITE B  
GAINESVILLE, FL 32605

**FEI Number:** 59-3728483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROUSHORE, ELMER E  
1121 N.W. 64TH TERR.  
SUITE A  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

CROUSHORE, ELMER E  
1121 N.W. 64TH TERR.  
SUITE B  
GAINESVILLE, FL 32605 US

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:** ELMER E. CROUSHORE

10/02/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CROUSHORE, ELMER  
**Address:** 1121 NW 64TH TERR, SUITE B  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** T  
**Name:** RIM, ALEXANDER J  
**Address:** 1121 NW 64TH TERR, SUITE B  
**City-St-Zip:** GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

**SIGNATURE:** ELMER E. CROUSHORE

PRES

10/02/2014

Electronic Signature of Signing Officer or Director

Date