

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000023554

FILED
Oct 13, 2004
Secretary of State

Entity Name: SPECIALISTS IN CARDIOLOGY, P.A.

Current Principal Place of Business:

101 EAST KENNEDY BLVD SUITE 2700
TAMPA, FL 33602

New Principal Place of Business:

1435 SE 8TH TERRACE
CAPE CORAL, FL 33990

Current Mailing Address:

101 EAST KENNEDY BLVD SUITE 2700
TAMPA, FL 33602

New Mailing Address:

3680 BROADWAY
FORT MYERS, FL 33901

FEI Number: 04-3610866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBREN, DON B ESQ
101 EAST KENNEDY BLVD SUITE 2700
TAMPA, FL 33602 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:

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: V () Delete
Name: KRIVISKY, BRIAN A MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 MD

Title: V () Delete
Name: MARGOLIN, CHAIM J MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 US

Title: S () Delete
Name: BOBMAN, STUART A MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 US

Title: M (X) Delete
Name: SHERIDAN, HOWARD M MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 US

Title: V () Delete
Name: CARRON, MICHAEL J MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 US

Title: P () Delete
Name: KNIFIC, RANDOLPH J MD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901 US

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:

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 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 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 J CARRON, M.D.

V

10/13/2004

Electronic Signature of Signing Officer or Director

Date