2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2004
Secretary of State

DOCUMENT# P03000043544

Entity Name: BAY PINES CARDIOVASCULAR ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

10333 SEMINOLE BLVD., SUITE #8
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

10333 SEMINOLE BLVD., SUITE #8
LARGO, FL 33778

New Mailing Address:

FEI Number: 01-2846101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
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: D ( ) Delete
Name: HAKKI, A. HADI M.D.
Address: 10333 SEMINOLE BLVD., SUITE 8
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete
Name: SALAS, RAFAEL M.D.
Address: 3903 SAND DOLLAR PLACE
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: UNGARO, RUBEN M.D.
Address: 3903 SAND DOLLAR PLACE
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: CAMPBELL, JAMES M.D.
Address: 1000 LAKEVIEW ROAD #3
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: DILBERTO, JOSEPH M.D.
Address: 8588 STARKEY RD
City-St-Zip: LARGO, FL 33771

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: A.HADI HAKKI DIR 11/11/2004

Electronic Signature of Signing Officer or Director Date