

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000070719

**FILED**  
**Oct 14, 2004**  
**Secretary of State**

**Entity Name:** BRADENTON CARDIAC SURGEONS, P.A.

**Current Principal Place of Business:**

300 RIVERSIDE DRIVE EAST STE 2600  
BRADENTON, FL 34208

**New Principal Place of Business:**

300 RIVERSIDE DRIVE EAST STE 2600  
BRADENTON, FL 34208 US

**Current Mailing Address:**

300 RIVERSIDE DRIVE EAST STE 2600  
BRADENTON, FL 34208

**New Mailing Address:**

300 RIVERSIDE DRIVE EAST STE 2600  
BRADENTON, FL 34208 US

**FEI Number:** 20-0062044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLALOCK, LANDERS, WALTERA & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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: JONATHAN D. FLEECE, ESQ.

10/14/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. ( ) Change (X) Addition  
Name: TABAIE, HAROLD A DO/PHD  
Address: 300 RIVERSIDE DRIVE EAST STE 2600  
City-St-Zip: BRADENTON, FL 34208 US

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: HAROLD A. TABAIE, DO/PHD

DR.

10/14/2004

Electronic Signature of Signing Officer or Director

Date