

2006-07

2005 FOR PROFIT CORPORATION ANNUAL REPORT

REINSTATEMENT

Ac-07
[Signature]

FILED

07 JUN 14 PM 2:14

STATE
TALLAHASSEE, FLORIDA



08062005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000039908			
1. Entity Name SUNCOAST CARDIOVASCULAR RESEARCH, INC.			
Principal Place of Business C/O CARDIOLOGY DEPARTMENT 4TH FLOOR 601 SEVENTH ST SOUTH ST PETERSBURG, FL 33701		Mailing Address C/O CARDIOLOGY DEPARTMENT 4TH FLOOR 601 SEVENTH ST SOUTH ST PETERSBURG, FL 33701	
2. Principal Place of Business		3. Mailing Address 1249 DARLINGTON OAK CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST PETERSBURG, FL	
Zip	Country	Zip	Country PINELAS
33703			
4. FEI Number 20-0823410		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, M.D., VIBHUTI N C/O CARDIOLOGY DEPARTMENT 4TH FLOOR 601 SEVENTH ST SOUTH ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1249 DARLINGTON OAK CIRCLE, N.E. City ST PETERSBURG FL Zip Code 33703	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGH, MD, VIBHUTI N 601 SEVENTH ST SOUTH, 4 FLOOR ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1249 DARLINGTON OAK CIRCLE N.E. ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500104886615 06/26/07--01047--006 ***300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> VIBHUTI N. SINGH, MD 4/28/07 727-824-8243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

*Suncoast Cardiovascular Research, Inc.
1249 Darlington Oak Circle, NE.
St. Petersburg, FL 33703*

April 24, 2007

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document No. P0400039908
Annual Report, 2006

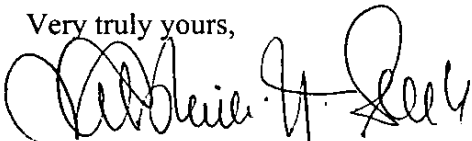
Dear Sirs:

Enclosed please find the "2006 For Profit Corporation Uniform Business Report" together with my check for \$150. I have used a copy of the 2005 report to provide the necessary info.

As I never received the notice to file, nor the notice of Administrative Dissolution, I am requesting that you waive the \$400. fee for being late. I am changing my mailing address, in order to insure that I receive all of the correspondence directly to my home, and not the business address.

Thank you for your consideration, and please let me know if you need any additional information.

Very truly yours,

A handwritten signature in black ink, appearing to read "Vibhuti N. Singh". The signature is fluid and cursive, with a large initial "V" and "S".

Vibhuti N. Singh, M.D.
President

Enc.