

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000167409

1. Entity Name  
NORTHEAST FLORIDA CARDIOLOGY, P.A.



Principal Place of Business  
5000 US HIGHWAY 17  
SUITE 17  
ORANGE PARK, FL 32003

Mailing Address  
5000 US HIGHWAY 17  
SUITE 17  
ORANGE PARK, FL 32003

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

06 OCT 17 2011  
REINSTATEMENT 2006  
F04000167409 CR2E098 (1)  
10/16/06



REINSTATEMENT 2006  
F04000167409 CR2E098 (1)  
10/16/06

4. FEI Number  
16-1711976      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROMERO, ALFRED T  
5000 US HIGHWAY 17  
SUITE 17  
ORANGE PARK, FL 32003

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL      Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE      D       Delete  
NAME      ROMERO, ALFRED T  
STREET ADDRESS      5000 US HIGHWAY 17 SUITE 17  
CITY-ST-ZIP      ORANGE PARK, FL 32003

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      D, P       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300080879493  
10/16/06--01048--002      \*\*150.00

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alfred T. Romero, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06 Date

(904)347-9204 Daytime Phone #