2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# P06000148048

Entity Name: CONCIERGE CARDIOLOGY OF NAPLES, INC.

Current Principal Place of Business:

311 9TH STREET NO
SUITE 304
NAPLES, FL 34102

New Principal Place of Business:

201 8TH STREET SO
SUITE 102
NAPLES, FL 34102

Current Mailing Address:

311 9TH STREET NO
SUITE 304
NAPLES, FL 34102

New Mailing Address:

201 8TH STREET SO
SUITE 102
NAPLES, FL 34102

FEI Number: 30-0395841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUONAVOLONTA, JAMES J M.D.
311 9TH STREET NO
SUITE 304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BUONAVOLONTA, JAMES J M.D.
201 8TH STREET SO
SUITE 102
NAPLES, FL 34102 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: JAMES J BUONAVOLONTA 10/12/2009
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: P ( ) Delete
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET, STE 304
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET, STE 304
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET, STE 304
City-St-Zip: NAPLES, FL 34102

Title: T ( ) Delete
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET NO, STE 304
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change ( ) Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change ( ) Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: T (X) Change ( ) Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES J BUONAVOLONTA MD 10/12/2009
Electronic Signature of Signing Officer or Director Date