

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000008335

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** CLINICAL & DIAGNOSTIC CARDIOLOGY INC.

**Current Principal Place of Business:**

11404 NORTH 56TH STREET  
TEMPLE TERRACE, FL 336172237

**New Principal Place of Business:**

11404 NORTH 56TH STREET  
102  
TEMPLE TERRACE, FL 336172237

**Current Mailing Address:**

11404 NORTH 56TH STREET  
TEMPLE TERRACE, FL 336172237

**New Mailing Address:**

11404 NORTH 56TH STREET  
102  
TEMPLE TERRACE, FL 336172237

**FEI Number:** 59-3152267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALEK, JAVAD  
11404 NORTH 56TH STREET  
TEMPLE TERRACE, FL 336172237 US

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

MALEK, JAVAD  
11404 NORTH 56TH STREET  
102  
TEMPLE TERRACE, FL 336172237 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: JAVAD MALEK, M.D.

10/02/2009

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: PD ( ) Delete  
Name: MALEK, JAVAD  
Address: 5004 DERRY WAY  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: MALEK, EFFAT  
Address: 5004 DERRY WAY  
City-St-Zip: TEMPLE TERRACE, FL 33647

Title: TD ( ) Delete  
Name: MALEK, ALI REZA  
Address: 5004 DERRY WAY  
City-St-Zip: TAMPA, FL 33647

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

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

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

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

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: EFFAT MALEK

TD

10/02/2009

Electronic Signature of Signing Officer or Director

Date