PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DOGE WITE FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FILED FOR Secretary of State 00 OCT 18 PM 5: 34 DIVISION OF CORPORATIONS P93000040839 DOCUMENT # SECONDARY OF STATE
TAILER REPORTS 1. Corporation Name THE CHEST PAIN CLINIC, INC. Mailing Address Principal Place of Business -120-E 49TH 0T <126 E-491H ST HIALEAH FL 33013 HIALEAH FL 33013 If above addresses are incorrect in any way, line through incorrect information and enter correction below 4. Date incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 2 06/09/1993 5. FEI Number Applied For 65-0426430 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip 33013 HIALEAH FL LORA, JULIO C 700003447917--3 11/02/00--01003--002 ****150.00 ****150.00 9. Name and Address of New Registered Agent - 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LORA, JULIO C 777 E. 25 ST #112 -128 E 49TH ST Suite, Apt. #, Etc. HIALEAH FL 33013 State Zip Code City 10. I, being appointed the registered agent of the above named coloration, am familiar with and accept the obligations of Section 607.0505, F.S. Date 10-12-00 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or rustee encowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is troe and accurate, and my signature shall have the same legal effect as if made under oath.

TOUTO LORAND/0-12-00

Title(s)

DPST

THE CHEST PAIN CLINIC JULIO C. LORA, M.D., P.A.

pagerolz

DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE PRACTICE LIMITED TO CARDIOVASCULAR DISEASE

OCTOBER 12, 2000.

REF: DOCUMENT #P93000040839
THE CHEST PAIN CLINIC.INC.

TO WHOM IT MAY CONCERN.

Pursuant to telephone conversation yesterday (10-11-00) with Mr. Tyrone regarding notice of dissolution (The Chest Pain Clinic INC). We never received notice for the year 2000. These papers received yesterday we saw for the first time in regards to this matter. Enclosed is a check for the regular fee and we are requesting additional fees to be waived for these reasons.

I thank you in advance.

Respectfully yours,

Julio C Lora M.D.

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