

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068317

1. Corporation Name

CENTRAL FLORIDA HEART NETWORK, INC.

Principal Place of Business

Mailing Address

1613 N MILLS AVE
ORLANDO FL 32803
US

1613 N MILLS AVE
ORLANDO FL 32803
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3224427

Applied For

Not Applicable

City & State

Zip

Country

Zip

Country

TS

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2		4
PD	IVANHOE, RUSSELL J MD	80 W LUCERNE CIRCLE	ORLANDO FL
VPD	STORY, WILLIAM E MD	80 W LUCERNE CIRCLE	ORLANDO FL
T	BRYAN, JOAN	1613 N MILLS AVE	ORLANDO FL 32803
S	FLASHMAN, CAROL	500 E COLONIAL DR	ORLANDO FL 32803
D	GREENWOOD, SCOTT D	1613 N MILLS AVE	ORLANDO FL
D	LANZA, SAL M	1613 N MILLS AVE	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IVANHOE, RUSSELL J MD 1613 N MILLS AVE ORLANDO FL 32803	Name William E. Story M.D. Street Address (P.O. Box Number is Not Acceptable) 500 E. Colonial Drive Suite, Apt. #, Etc. City Orlando State FL Zip Code 32803
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
William E. Story, M.D.
Date 12/17/99

11. I certify that I am an officer or director or the receiver or trustee empowered 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 true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Story, M.D.
Date 12/17/99
Daytime Phone # (407) 841-7151 X206