

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000094257**

1. Corporation Name

**Florida Cardiology & Nuclear Medicine
Group, P.A.**

2. Principal Office Address

128 S. Moon Ave

Suite, Apt. #, etc.

3. Mailing Office Address

128 S. Moon Ave

Suite, Apt. #, etc.

City & State

Brandon Florida

City & State

Brandon Florida

Zip

33511

Country

USA

Zip

33511

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/29/1994

5. FEI Number

593293621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status.**

7. Name and Address of Current Registered Agent

Name

John M. Kilgore,

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

128 South Moon Ave.

Suite, Apt. #, Etc.

City

Brandon, Florida 33511

State

FL

Zip Code

33511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John M. Kilgore
REGISTERED AGENT MUST SIGN

Date **Aug 29, 2002**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer, and/or Director	City / State / Zip
1)	John M. Kilgore, M.D.	128 South Moon Ave.	Brandon, Florida 33511

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Kilgore

Date

August 29, 2002

Daytime Phone #

813-654-6604

CR2E081 (9/00)