# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 26, 2004**
**Secretary of State**

DOCUMENT# P95000000762

**Entity Name:** INSTITUTE OF MEDICINE AND CARDIOLOGY, P.A.

**Current Principal Place of Business:**

170 S BARFIELD HWY
SUITE 107
PAHOKEE, FL 33476

**New Principal Place of Business:**

11836 OSPREY POINTE CIR
LAKE WORTH, FL 33467

**Current Mailing Address:**

11836 OSPREY POINTE CIR
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number: 65-0555081** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCDONOUGH, MICHAEL ESQ
12798 FOREST HILL BOULEVARD
SUITE 201A
WELLINGTON, FL 33414 US

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

HOSSAIN, BELAYET
11836 OSPREY POINTE CIR
LAKE WORTH, FL 33467 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: BELAYET HOSSAIN 10/26/2004
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: DPS ( ) Delete
Name: HOSSAIN, BELAYET
Address: 11836 OSPREY POINTE CIR
City-St-Zip: WELLINGTON, FL 33467

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

Title: DPS (X) Change ( ) Addition
Name: HOSSAIN, BELAYET
Address: 11836 OSPREY POINTE CIR
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BELAYET HOSSAIN DPS 10/26/2004
Electronic Signature of Signing Officer or Director — Date