

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:55

DOCUMENT # P95000040317

1. Corporation Name

SOUTH BROWARD CARDIOLOGY CONSULTANTS, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600008760236
11/01/02--01073--015 **150.00

Principal Place of Business

3363 SHERIDAN ST.
SUITE 212
HOLLYWOOD FL 33021
US

Mailing Address

3363 SHERIDAN ST.
SUITE 212
HOLLYWOOD FL 33021
US

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

2. New Principal Office Address, If Applicable

1150 N. 35 AVENUE

Suite, Apt. #, etc.

SUITE 610

City & State

Hollywood, FL

Zip

33021

Country

USA

3. New Mailing Office Address, If Applicable

1150 N. 35 AVENUE

Suite, Apt. #, etc.

SUITE 610

City & State

Hollywood, FL

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

65-0587395

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEARL, FRANK MD	1150 N. 35TH AVE, #605	HOLLYWOOD FL
D	SHAIR, BERNARD MD	1150 N 35TH AVE, #605	HOLLYWOOD FL
D	ENTENBERG, MICHAEL MD	1150 N. 35TH AVE, #605	HOLLYWOOD FL
D	MAREK, MICHAEL MD	1150 N. 35TH AVE, #605	HOLLYWOOD FL
D	ALTER, BARRY MD	1150 N. 35TH AVE, #605	HOLLYWOOD FL
D	SIEV, ETHAN	1150 N., 35TH AVE, #605	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

BERLIN, HOWARD
1150 N 35TH AVE
#600-605
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

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

HOWARD F. Berlin, 10/31/02 954-981-3331

Date

Daytime Phone #

1150 N. 35 AVE, STE. 600/605

HOWARD F. BERLIN, MD, FACC
KASHMIRA P. BHADIA, MD, FACC
MICHAEL J. BRAUN, MD, FACC
MICHAEL ENTENBERG, MD, FACC
CHERYL GREENBERG, ARNP
JOSE A. GUZMAN, MD
BARRY D. HARRIS, MD
RALPH M. LEVY, MD, FACC
DANIEL NORBERG, MD, FACC
FRANK J. PEARL, MD, FACC, FCCP, FACP
LAWRENCE M. REISS, MD, FACC
BERNARD E. SHAIR, MD, FACC, FCCP
ETHAN SIEV, MD, FACC



www.sbcardiology.com

Diplomates American Board of Internal Medicine
Diplomates Subspecialty Board of Cardiovascular Disease & Critical Care Medicine

3700 WASHINGTON STREET, STE. 500

WILLIAM D. NITZBERG, MD, FACC
DAVID C. TEPPER, MD, FACC
INTERVENTIONAL CARDIOLOGY
& VASCULAR MEDICINE
BARRY R. ALTER, MD, FACC, FACP
MICHAEL S. MAREK, MD, FACC
LUIS E. TAMI, MD, FACC, FSCAI
CARDIAC ELECTROPHYSIOLOGY
RAUL D. MITRANI, MD, FACC
ADMINISTRATOR / C.E.O.
JUDAH FRIEDMAN, MD, MBA

October 31, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We received a notice that our corporation has failed to file its 2002 corporation annual report/uniform business report and our corporation has been revoked. This notice is the first we have received. We never received any prior notification indicating that payment was due. We are requesting immediate reinstatement without penalty.

Sincerely,

Howard F. Berlin, MD
President

HOLLYWOOD

1150 N. 35th Avenue
Suite 605
Hollywood, FL 33021
Phone: (954) 981-3331
Fax: (954) 981-4659

HOLLYWOOD

3700 Washington Street
Suite 500
Hollywood, FL 33021
Phone: (954) 961-0190
Fax: (954) 964-1024

HOLLYWOOD

Heart & Vascular Center of Hollywood
4010 Sheridan Street
Hollywood, FL 33021
Phone: (954) 965-8009
Fax: (954) 965-0788

PEMBROKE PINES

601 N. Flamingo Road
Suite 305
Pembroke Pines, FL 33028
Phone: (954) 437-9116
Fax: (954) 433-9734

AVENTURA

21150 Biscayne Boulevard
Suite 106
Aventura, FL 33180
Phone: (305) 933-2121
Fax: (305) 933-3734

WESTON

1855 N. Corporate
Lakes Boulevard
Weston, FL 33326
Phone: (954) 981-3331
Fax: (954) 981-4659