

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093553

1. Corporation Name

South Florida Cardiology Group, Inc

2. Principal Office Address

1100 SW 57 Ave

Suite, Apt. #, etc.

Suite 202

City & State

Miami, FL

Zip

33144

Country

US

3. Mailing Office Address

7700 N Kendall Dr

Suite, Apt. #, etc.

Suite 405

City & State

Miami, FL

Zip

33156

Country

US

REINSTATEMENT

02-03

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

10/08/1995

5. FEI Number

59-0859616

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

Lorn Leitman

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

7700 N Kendall Dr

Suite, Apt. #, Etc.

Suite 405

City

Miami

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date

5/20/03

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
PD	Antonio Marquez, MD	1100 SW 57 Ave #202	Miami, FL 33144
D	Jorge Pastoriza, MD	9193 SW 72 St	Miami, FL 33173
D	Joaquin Cortes, MD	434 SW 12 Ave	Miami, FL 33135
D	Hugo Garcia, MD	9193 SW 72 St	Miami, FL 33173
D	Pedro Fernandez, MD	434 SW 12 Ave	Miami, FL 33135

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

Date

5-2-03

Daytime Phone #

CR2E081 (10/02)

5/25