PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC 21 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094149

1. Corporation Name

BATEY CARDIOVASCULAR CENTER, P.A.

Principal Place of Business	Mailing Address
6100 POINTE WEST BLVD. BRADENTON FL 34209	6100 POINTE WEST BLVD. BRADENTON FL 34209

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

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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/08/1995

5. FEI Number: 65-0629174 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
VPD	HASARA, LAWRENCE C	6100 POINTE WEST BLVD.	BRADENTON FL 34209
STD	SAEF, JEROLD L	6100 POINTE WEST BLVD.	BRADENTON FL 34209
VP	SANCHEZ, E.J.	6100 POINTE WEST BLVD.	BRADENTON FL 34209
PD	CALABRIA, DOMINICK	6100 POINTE WEST BLVD.	BRADENTON FL 34209
VPD	SUBBIONDO, ROBERT J	6100 POINTE WEST BLVD.	BRADENTON FL 34209
D	TAMI, LUIS	6100 POINTE WEST BOULEVARD	BRADENTON FL 34209

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
QUINLAN, JOHN V 1401 MANATEE AVE. WEST SUITE 920 BRADENTON FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

CR2E040 (9/98)

12/22
200002724152--8
-12/29/98 019
****750 FL ****750.00

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 Date 12/17/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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.

(941)

SIGNATURE: SIGNATURE REQUIRED 11/24/98 792-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lawrence C. Hasara

D072405 AE