


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P9c102

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

01 OCT 24 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000022543**

1. Corporation Name

CARDIOLOGY SERVICES, P.A.

Principal Place of Business 8950 NORTH KENDALL DRIVE SUITE 601 MIAMI FL 33176	Mailing Address 8950 NORTH KENDALL DRIVE SUITE 601 MIAMI FL 33176
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0636127	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation's must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	KARL, ROBERT	8950 NORTH KENDALL DRIVE #601	MIAMI FL 33176

400004674744-6
-11/13/01--01004--025
****150.00 ****150.00

01 UBR T8

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COEL, MARK A ESQ 2700 SOUTH COMMERCE PARKWAY SUITE 305 WESTON FL 33331		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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	Date 10/22/01
REGISTERED AGENT MUST SIGN	

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: <i>[Signature]</i>	Date 10/16/01	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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Robert H. Karl, M.D., F.A.C.C., F.A.H.A.
Cardiology Services, P.A.
Baptist Medical Arts Building
8950 North Kendall Drive, Suite 601
Miami, Florida 33176
Telephone: 305-595-6211
Fax: 305-274-9423

Date: October 16, 2001

Re: Cardiology Services, P.A.

To Whom It May Concern:

I received the dissolution of corporation papers today regarding the above noted corporation. I never previously received the prior two mailings to renew the corporation however, and after speaking to your office was told to include this note along with \$150 to renew the original corporation. I do not know where the other forms went. Thank you for your consideration in this matter.

Sincerely,



Robert H. Karl, M.D., F.A.C.C., F.A.H.A.