

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036720

1. Corporation Name

Cardiovascular Research Center of South Florida, P.A.

2. Principal Office Address

7400 SW 87th Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33173

Country

USA

3. Mailing Office Address

7400 SW 87th Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33173

Country

USA

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/1997

5. FEI Number

65-0753665

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

Bruce Jay Toland, P.A.

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

80 SW 8th Street

Suite, Apt. #, Etc.

Suite 1920

City

Miami

State

FL

Zip Code

33130

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

11/17/03

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
D	Lloret, Ramon L., M.D.	7400 SW 87th Ave., Suite 100	Miami, FL 33173
D	Fialkow, Jonathan A., M.D.	7400 SW 87th Ave., Suite 100	Miami, FL 33173

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

Daytime Phone #

CR2E081 (10/02)