

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000081281

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** CARDIAC CARE CRITIQUE, INC.

**Current Principal Place of Business:**

901 S. OREGON AVE.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

901 S. OREGON AVE.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3468669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDBERG, HUGO C  
4307 W ROLAND ST  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

DOPICO, DENISE D  
4313 W FIG ST  
TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENISE D DOPICO

10/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARRISON, ERIC E  
Address: 901 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: S  
Name: HARRISON, MARGARET  
Address: 901 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: AS  
Name: WESSMAN, JIM  
Address: 4427 W KENNEDY BLVD., SUITE #200  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC E HARRISON

PD

10/04/2010

Electronic Signature of Signing Officer or Director

Date