

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CLERK OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 10:41

DOCUMENT # P97020108755

1. Corporation Name

CHARLOTTE CARDIAC RESEARCH CENTER, INC.

2. Principal Office Address

3340 Tamiami Trail

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

Zip

33952

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

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

5. FEI Number

65-0820826

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

Mario Lopez

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

3340 Tamiami Trail

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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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

3-22-04

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
P/D	Mario Lopez	263 George Road	Port Charlotte, FL 33952
D	Terence P. Connelly	1841 Jamica Way	Punta Gorda, FL 33950
D	Sergo Cossu	4025 Bastia Court	Punta Gorda, FL 33950
D	Ricardo R. Martinez	17557 O'Hara Drive	Port Charlotte, FL 33954
D	Raymond Vitullo	3605 Island Club Drive	North Port, FL 34288

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 #

3-22-04

CH2E081 (01/04)



CHARLOTTE HEART & VASCULAR INSTITUTE

Mario J. Lopez M.D., FACC
Terence P. Connelly M.D., FACC
Sergio F. Cossu M.D., FACC
Agustin Collado M.D., FACC

Ricardo R. Martinez, M.D., FACC
Raymond N. Vitullo, M.D., FACC
Andrew Obermeier PA-C
April Rubenstunk PA-C
Alexandra Engstrom PA-C

March 15, 2004

Florida Dept. of State
Uniform Business Reports
PO Box 6478
Tallahassee, Fl. 32314-6478

To Whom It May Concern:

It has come to our attention that we have not been receiving our annual Uniform Business Report for Charlotte Cardiac Research Center Inc. Unfortunately this had not been caught before Charlotte Research Center Inc. had become inactive. We did not receive the Uniform Business Reports for 2001, 2002, 2003, and 2004.

We would request that the above corporation be reinstated. Enclosed you will find a check in the appropriate amount for reinstatement.

Thank you for your help with the above matter. If you have any questions, please call me at 941-764-5858 ext 225.

Diane Gorman,
Operations Director