APPROVED AND FILED

04 OCT 18 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W04000036872

DOCUMENT # S21672

1. Corporation Name
Jose R. Roca, M.D., P.A.

REINSTATEMENT DL-04

2. Principal Office Address	3. Mailing Office Address
1501 ALT. 19 S.	1501 ALT. 19. S.
Suite, Apt. #, etc.: Suite G	Suite, Apt. #, etc.: Suite G
City & State: TARPON SPRINGS FL.	City & State: TARPON SPRINGS, FL
Zip: 34689 Country: PINELLAS	Zip: 34689 Country: PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3044844 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jose R. Roca, MD

Street Address (P.O. Box Number is Not Acceptable): 101 MARINERS DR.

Suite, Apt. #, Etc.:

City: TARPON SPRINGS State: FL Zip Code: 34689

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: _____ Date: 10/4/04
REGISTERED AGENT MUST SIGN

CR2E081 (05/04)

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
MD	JOSE R. ROCA	101 MARINERS DR.	Tarpon Springs, FL 34689
		400041610104 10/05/04--01076--003 **150.00	
		400041610104 10/18/04--01095--015 **450.00	

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: _____ (727) 939-1737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 282

Jose R. Roca, M.D., F.A.C.C.

CARDIOLOGY AND INVASIVE CARDIOLOGY
1501 ALTERNATE 19 SOUTH, SUITE G
TARPON SPRINGS, FLORIDA 34689

CARDIOVASCULAR CLINIC
5535 GRAND BOULEVARD, SUITE A
NEW PORT RICHEY, FLORIDA 34652

TELEPHONE (727) 939-1737 • FAX (727) 937-3018

September 29, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

Dear Sirs:

I have been notified that Jose R. Roca, M.D., P.A. was administratively dissolved. Note that our address changed on June 1, 2000 and we have never received the filing forms. Please wave any penalities.

Enclosed is a check for $150.00 to cover our filing fee. Please confirm at our current address that we have been reinstated.

Sincerely,

Jose R. Roca, M.D., P.A.

Jose R. Roca, M.D.

JRR/kdu

Enclosure