

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600835 (3)

1. Corporation Name

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.

200001482332

-05/10/95--01027--013

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1969

3a. Date of Last Report
02/25/1994

4. FEI Number
59-1232309

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 199.005
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

500 E COLONIAL DR
ORLANDO FL 32803

500 E COLONIAL DR
ORLANDO FL 32803

22. City & State

27. City & State

24. City & State

29. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRASER, DONALD J. MD
500 EAST COLONIAL DR.
ORLANDO FL 32803

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
FRASER, DONALD
500 E COLONIAL DR
ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
ST
TAUSSING, ANDREW
500 E COLONIAL DR
ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VP
PRINCE, THOMAS
500 E COLONIAL DR
ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
V
NOCERO, MICHAEL A
500 E COLONIAL DR
ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
V
SECO, JOSE E.
500 E COLONIAL DR
ORLANDO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
FRASER, DONALD J.
500 EAST COLONIAL DR.
ORLANDO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5 5/4/95

Date

Chapter 607, Florida Statutes