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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

638514 DOCUMENT #
1. Corporation Name

(0)

CARDIOLOGY CONSULTANTS OF WEST BROWARD, P.A.



| Principal Place of Business Maling Address  |  |                                       |                     |                      |   |                          |          |
|---|--|---------------------------------------|---------------------|----------------------|---|--------------------------|----------|
| 7050 NW 4TH ST. STE 101 7050 NW 4TH ST. STE 101 PLANTATION FL 33317 PLANTATION FL 33317 |  |                                       |                     |                      |   |                          |          |
|   |  |                                       |                     |                      | Date Incorporated or Qualified     10/03/1979   | 3a. Date of Last 04/13/1 |          |
| 2. Principal Pla  | ace of Business  | <b>2a.</b> Mailing Address            | Mailing Address     |                      | 4. FEI Number Applied For   |                          |          |
| 21 26 26 Suite, Apt. #, etc.  |  | · · · · · · · · · · · · · · · · · · · | Suite, Apt. #, etc. |                      | 59-1936615 Not Applicable \$8.75 Additional   |                          |          |
| 22  |  | 27                                    |                     |                      | 5. Certificate of Status Desired  | Fee Required             |          |
| City & State  |  | City & State                          |                     |                      | Election Campaign Financing     Trust Fund Contribution   | 1 +                      |          |
| Zip Country   |  | Ζιρ                                   |                     |                      | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199,032, |                          |          |
| 24  | 25   | 29                                    | 30                  |                      | Florida Statutes See No   |                          |          |
|   | <ol><li>Name and Address of Current</li></ol>  | Registered Agent                      |                     |                      | 10. Name and Address of New R   | egistered Agent          |          |
|   |  |                                       | 8                   | Name                 |   |                          |          |
|   | IDES, HILAIRE L.   |                                       | 8:                  | Street Add           | ress (P.O. Box Number is Not Acceptab   | le)                      |          |
|   | V 4 ST. SUITE 101  |                                       | 83                  |                      |   |                          |          |
| PLANIA  | TION FL 33317  |                                       | [6,                 | <u>'</u>             |   |                          |          |
|   |  |                                       | 84                  | City                 |   | F1 85                    | Zıp Code |
| 12.   | Signature Typed coprotectina and disagrated age is a OFFICERS AND  | DIRECTORS                             | iĭt ≅i j dere i Agi |                      | dwise receiving<br>ADDITIONS/CHANGES TO OFF   |                          | ····     |
| TITLE   | VT   | ☐ DELETE                              | 1 1 TITLE           |                      |   | ☐ Change                 | ····     |
| NAME  | JANCKO, JOEL M MD  |                                       | 1.2 NAME            | 12 NAM€              |   |                          |          |
| STREET ADDRESS  | 7050 N.W. 4TH ST. #101   |                                       | 13 STREE            |                      |   |                          |          |
| CITY-ST-ZIP   | PLANTATION FL DP   T DELETE  |                                       | 14 CITY -           |                      |   |                          |          |
| TITLE<br>NAME   | FEDALANDES THE MOST AND  |                                       | 2 1 TiTLE           |                      |   | ☐ Change                 | e        |
| STREET ADDRESS  | 7050 N.W. 4TH ST. #101   |                                       | 2.2 NAME            | r address            |   |                          |          |
| CITY-ST-ZIP   | PLANTATION FL  |                                       | 24 CITY -           |                      |   |                          |          |
| TITLE   | VS   | DEL ETE                               | 3 ) TITLE           |                      |   | ☐ Chang-                 | Addition |
| NAME  | SETH, RAGHAV L.  |                                       | 3.2 NAME            |                      |   |                          | _        |
| STREET ADDRESS  | 7050 N.W. 4TH ST., #101  |                                       | 33 STRE             | EL ADDRESS           |   |                          |          |
| CITY-ST-ZIP   | PLANTATION FL  | F) relete                             | 3 4 C'IY-           |                      |   |                          |          |
| TITLE   |  | DELETE                                | 4 1 TITLE           |                      |   | Change                   | Addition |
| NAME<br>STREET ADDRESS  |  |                                       | 4.2 NAME            |                      |   |                          |          |
| CITY-ST-ZIP   |  |                                       | 4.3 STREE           | T ADDRESS<br>ST. ZIP |   |                          |          |
| TITLE   |  | ☐ DELETE                              | 5 1 T ILE           |                      |   | Change                   | Addition |
| NAME  |  |                                       | 5.2 NAME            |                      |   |                          | transf.  |
| STREET ADDRESS  |  |                                       | 5.3 STREE           | I ADDRESS            |   |                          |          |
| CITY-ST-ZIP   | THE POPULATION AND THE POPULATIO |                                       | 5 4 CITY -          | SI - ZIP             | 751111  |                          |          |
| TITLE   |  | DELETE                                | € 1 TITLE           |                      |   | ☐ Change                 | Addition |
| NAME  |  |                                       | € 2 NAME            |                      |   |                          |          |
| STREET ADDRESS  |  |                                       |                     | LADDRESS             |   |                          |          |
| CITY - ST - ZIP   |  |                                       | 6.4 CHY-            | \$1 - 7F             |   |                          |          |

oath; that I am an officer or director of the corporappears in Block 12 or Block 13 if changed, or I

SIGNATURE: SIGNATURE AND TYPED ON