2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 638514

1. Entity Name
CARDIOLOGY CONSULTANTS OF WEST BROWARD, P.A.

Principal Place of Business	Mailing Address
7050 NW 4TH ST. STE 101 PLANTATION, FL 33317	7050 NW 4TH ST. STE 101 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1936615
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDES, HILAIRE L.
7050 NW 4 ST. SUITE 101
PLANTATION, FL 33317

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	JANCKO, JOEL M MD
STREET ADDRESS	7050 N.W. 4TH ST. #101
CITY-ST-ZIP	PLANTATION, FL
TITLE	DP
NAME	FERNANDES, HILAIRE L,MD
STREET ADDRESS	7050 N.W. 4TH ST. #101
CITY-ST-ZIP	PLANTATION, FL
TITLE	VS
NAME	SETH, RAGHAV L.
STREET ADDRESS	7050 N.W. 4TH ST., #101
CITY-ST-ZIP	PLANTATION, FL
TITLE	V
NAME	FREDRICK, CHALEFF
STREET ADDRESS	7050 NW 4TH ST, SUITE 101
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80023-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hilaire L. Fernandes 1-5-04 954-587-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #