

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 09 1998 8:00am
Secretary of State

DOCUMENT # 660212 (2)

1. Corporation Name
PALM BEACH HEART ASSOCIATES, P.A.

Principal Place of Business
1555 PALM BEACH LAKES BLVD.
SUITE 403
WEST PALM BEACH FL 33401

Mailing Address
1555 PALM BEACH LAKES BLVD.
SUITE 403
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5511 SOUTH CONGRESS AVE
Suite, Apt. #, etc.
22 SUITE 125
City & State
23 ATLANTA, FL.
Zip
24 33462 Country
25 USA

2a. Mailing Address
26 5511 SOUTH CONGRESS AVE
Suite, Apt. #, etc.
27 SUITE 125
City & State
28 ATLANTA, FL.
Zip
29 33462 Country
30 USA

3. Date Incorporated or Qualified
03/06/1980
4. FEI Number
59-1975559 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
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIDWALL, JAY
1555 PALM BEACH LK BLVD.
SUITE 403
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
MIDWALL, JAY
82 Street Address (P.O. Box Number is Not Acceptable)
5511 SOUTH CONGRESS AVE
83 SUITE 125
84 City
ATLANTA FL 85 Zip Code
33462

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, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------|--------------------------|--------------------|--------------------------|
| PST | MIDWALL, JAY | 1555 PALM BEACH LK BLVD. | WEST PALM BEACH FL | <input type="checkbox"/> |
| D | MIDWALL, JAY | 1555 PALM BEACH LK BLVD. | WEST PALM BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|-------------------------|--------------------|-------------------------------------|--------------------------|
| | | 5511 SOUTH CONGRESS AVE | ATLANTA, FL. 33462 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| | | 5511 SOUTH CONGRESS AVE | ATLANTA, FL. 33462 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. 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 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: JAY MIDWALL 6/30/98 5511 SOUTH CONGRESS AVE

CR2E034 (5/98)