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CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** F68420 1. Corporation Name

(1)

CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Principal Place of Business

Mailing Address

**FILED** Apr 24 1996 8:00 am Secretary of State



	II TRAIL. SUITE 100 ITE FL 33952	4130 TAMIAMI TRAIL PT. CHARLOTTE FL				
	•				3. Date Incorporated or Qualified 02/23/1982	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
1 .		26			59-2171328	Not Applica
Suite, Apt. # 2		Suite, Apt. #, etc.	···		5. Certificate of Status Desired	EI \$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 4]	Country 25	Zip <b>29</b>	Count 30	ry	8. This corporation has liability for in Florida Statutes 🔀 Yes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent
			8	1 Name		
	, ROBERT B.		8	2 Street Add	lress (P.O. Box Number is Not Acceptable	θ)
	MIAMI TRAIL, SUITE 100		8	3		
FURI CI	HARLOTTE 33952					
			8			FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was author	ized by the cor	r-named corpo poration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered of intment as registered agent. I an
SIGNATURE						
	Signature, typed or printed name of registered agent		NOTE: Registered Ag	ent signat iro require		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
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eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address. oath; that I am an officer or dir appears in Block 12 or Block

**SIGNATURE:** 

DR. Robert B. GARRETT 4/19/4 4500