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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F68420

1. Corporation Name

CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Principal Place	e of Business	Mailing Address			,	i idalide tile trien (att) einte lien eth einen einen einen einen einen einen einen einen
4130 TAMIAMI TRAIL. SUITE 100 4130 TAMIAMI TRAIL. SUITE 100 PT. CHARLOTTE FL 33952 PT. CHARLOTTE FL 33952					DO NOT WEITE IN THIS SPACE	
	e					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
•						02/23/1982
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2171328 Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.				5Certificate of Status Desired - \$8.75 Additional Fee Required
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	•	28	_			Trust Fund Contribution . Added to Fees
Žip	Country	Zip	c	ountry		This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
CAD	ETT DOREDT R			81	Name	e
Garett, Robert B. 4130 Tamiami Trail, Suite 100 Port Charlotte 33952			82	Street A	et Address (P.O. Box Number is Not Acceptable)	
POR	T CHARLOTTE 33952			83		
		i .		84	City	85 Zip Code
177	William Brown	San San San San	. ·	-	-	FL T
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	it Florida. Such change was at	JINOFIZ	ea by	tne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Register	red Agen	nt signature re	e required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1	TITLE		VICE PRESIDENT Addition
NAME	ROSENFIELD, LOUIS D.		1.2	NAME		THE TREE TO THE TENT OF THE TE
STREET ADDRESS	202 GEORGE RD		1.3	STREET	ADDRESS	s
CITY-ST-ZIP	PT. CHARLOTTE FL			CITY-S	T-ZIP	
TITLE	VP	☐ DELETE	_	TITLE		PRESIDENT Change Addition
NAME	RUGGIERI, DAVID E.			NAME	}	LVEZINEMI
STREET ADDRESS	25188 MARION AVE, #1040	المحسوب والمحد			T ADDRESS	SS - Carret
	PUNTA GORDA FL			CITY-S		
CITY-ST-ZIP TITLE	T	☐ DELETE	_	TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>	SECRETARY Change Addition
NAME	GARRETT, ROBERT B.			NAME		SECONO III-S
	22440 LAGUARDIA DR				T ADDRESS	
STREET ADDRESS			4	. CITY-S		~
CITY-ST-ZIP	PT CHARLOTTE FL	☐ DELETE		TITLE	11-ZIP	Change Addition
TITLE	PODDED DALII M			NAME		TREASURER Addition
NAME	POPPER, PAUL M.					ne l
STREET ADDRESS	2100 JAMAICA WAY				TADDRESS	>>
CITY-ST-ZIP	PUNTA GORDA FL	[] belete	_	CITY-S	T-ZIP	Change Addition
TITLE		DELETE		TITLE		
NAME					TADORESS	200
STREET ADDRESS				CITY-S		~
CITY OF 7ID	İ		5.4	UIT-S	r-ZIP	1

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this indicated on this annual report or suppliemental annu officer or director of the corporation of the reserver of Block 12 or Block 13 if changed, or on an attachment. fing do emental annua

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition