

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN - 2 11 0:45

**DOCUMENT # F72866 (9)**

1. Corporation Name  
**CARDIAC CLINIC OF SUNIL M. KAKKAR, M.D., P.A.**

Principal Place of Business Mailing Address  
**445 W. OAK ST. 445 W. OAK ST.  
KISSIMMEE FL 34741-6627 KISSIMMEE FL 34741-6627**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1982** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2180685</b>	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
24	25	29	30
City	County	City	County
24	25	29	30

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**KAKKAR, SUNIL M., M.D.  
10618 RAMBLEWOOD ROAD  
ORLANDO FL 32806**

**10. Name and Address of New Registered Agent**

81 Name **KAKKAR, SUNIL M., M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable) **5542 OSPREY ISLE LANE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32819**

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 to printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTS</b>	1.1 TITLE	<b>PTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAKKAR, SUNIL M.</b>	1.2 NAME	<b>KAKKAR, SUNIL M.</b>
STREET ADDRESS	<b>10618 RAMBLEWOOD ROAD</b>	1.3 STREET ADDRESS	<b>5542 OSPREY ISLE LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAKKAR, SUNIL M.</b>	2.2 NAME	<b>KAKKAR, SUNIL M.</b>
STREET ADDRESS	<b>10618 RAMBLEWOOD ROAD</b>	2.3 STREET ADDRESS	<b>5542 OSPREY ISLE LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sunil M. Kakkas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95  
Date (Month/Day/Year)