

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 JAN 18 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G92578 (5)**

1. Corporation Name  
**CARDIOLOGY ASSOCIATES, INC., DRs. POLLAK & DONSHIK**

Principal Place of Business Mailing Address  
**2925 AVENTURA BLVD. STE.300 N. MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/22/1984** 3a. Date of Last Report **06/21/1994**  
4. FEI Number **59-2143684** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**POLLAK, RICHARD MD  
2925 AVENTURA BLVD., SUITE 300  
N. MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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	PD
NAME	POLLAK, RICHARD R., M.D
STREET ADDRESS	2925 AVENTURA BLVD
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	DV
NAME	DONSHIK, GARY R., M.D.
STREET ADDRESS	2925 AVENTURA BLVD
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	T
NAME	LEVENE, JAY A. MD
STREET ADDRESS	2925 AVENTURA BLVD
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pollak, Richard H., M.D	
1.3 STREET ADDRESS	2925 Aventura Blvd Suite 300	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONSHIK, GARY R., M.D	
2.3 STREET ADDRESS	2925 Aventura Blvd Suite 300	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jay Levene, Jay A. MD	
3.3 STREET ADDRESS	2925 Aventura Blvd Suite 300	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 all-in-one with an address.

SIGNATURE: [Signature] 1/5/95 305-932-1777  
Date Daytime Phone #