

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 33180

2925 AVENTURA BLVD., STE. 300
N. MIAMI BEACH FL 33180

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

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 03/22/1984 | 01/18/1995 |
| 4. FEI Number | Applied For |
| 59-2143684 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLLAK, RICHARD MD
2925 AVENTURA BLVD., SUITE 300
N. MIAMI BEACH FL 33140

| | |
|----|--|
| 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 607.0102 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 obligation of, Section 607.0105, Florida Statutes.

SIGNATURE: *Richard H. Pollak MD* DATE: *1/26/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | POLLAK, RICHARD H MD | |
| STREET ADDRESS | 2925 AVENTURA BLVD, SUITE 300 | |
| CITY - ST - ZIP | N. MIAMI BEACH FL 33180 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | DONSHIK, GARY R MD | |
| STREET ADDRESS | 2925 AVENTURA BLVD, SUITE 300 | |
| CITY - ST - ZIP | N. MIAMI BEACH FL 33180 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEVENE, JAY A MD | |
| STREET ADDRESS | 2925 AVENTURA BLVD SUITE 300 | |
| CITY - ST - ZIP | N MIAMI BCH FL 33180 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 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, unchanged, or on an addition, with an address.

SIGNATURE: *Richard H. Pollak MD* DATE: *1/26/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Phrase #

CR2E034 (12/95)