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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **2925 AVENTURA BLVD. STE.300 N. MIAMI BEACH FL 33180**
 Mailing Address: **2925 AVENTURA BLVD. STE.300 N. MIAMI BEACH FL 33180-3182**

3. Date Incorporated or Qualified: **03/22/1984** 3a. Date of Last Report: **02/01/1996**

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: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25.

2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 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. City: 84. State: **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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POLLAK, RICHARD H MD		1.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD, SUITE 300		1.3 STREET ADDRESS	
CITY- ST- ZIP: N. MIAMI BEACH FL 33180		1.4 CITY- ST- ZIP	
TITLE: DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONSHIK, GARY R MD		2.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD, SUITE 300		2.3 STREET ADDRESS	
CITY- ST- ZIP: N. MIAMI BEACH FL 33180		2.4 CITY- ST- ZIP	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEVINE, JAY A MD (LEVINE)		3.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD SUITE 300		3.3 STREET ADDRESS	
CITY- ST- ZIP: N MIAMI BCH FL 33180		3.4 CITY- ST- ZIP	
TITLE: M	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DESIR, RANLEY MD		4.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD STE 300		4.3 STREET ADDRESS	
CITY- ST- ZIP: N. MIAMI BEACH, FL 33180		4.4 CITY- ST- ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, JUAN C. MD		5.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD STE 300		5.3 STREET ADDRESS	
CITY- ST- ZIP: N. MIAMI BEACH, FL 33180		5.4 CITY- ST- ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NADER, RALPH G. MD		6.2 NAME	
STREET ADDRESS: 2925 AVENTURA BLVD STE 300		6.3 STREET ADDRESS	
CITY- ST- ZIP: N. MIAMI BEACH, FL 33180		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **5/19/97** DAYTIME PHONE: **(305) 932-1777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)