

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90087 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G92578

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
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 03/22/1984	
4. FEI Number 59-2143684	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input checked="" type="checkbox"/> Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
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 AVENUTURA BLVD, SUITE 300
CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	T <input type="checkbox"/> DELETE
NAME	LEVINE, JAY A MD
STREET ADDRESS	2925 AVENTURA BLVD SUITE 300
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	M <input type="checkbox"/> DELETE
NAME	RANLEY, DESIR M
STREET ADDRESS	2925 AVENTURA BLVD STE 300
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARCIA, JUAN C MD
STREET ADDRESS	2925 AVENTURA BLVD STE 300
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NADER, RALPH G MD
STREET ADDRESS	2925 AVENTURA BLVD STE 300
CITY-ST-ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" 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 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, with all other like empowered.

SIGNATURE: _____ DATE: **2-8-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)