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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|  | MENT #  | L075   | 29  | (5)  |  |  |  |  |                           |   |  |
|--|---|--|---|--|--|--|--|--|---------------------------|---|--|
| PASCO CARDIOLOGY CENTER, INC.  |   |  |   |  |  |  |  |  |                           |   |  |
| rino pal Place   | of Business   |  | Má  | Biling Address   |  |  | <del></del>  |  |                           |   | HI 616H 616H 164                                     |
| 5307 MAIN ST<br>STE 102<br>NEW PORT RICHEY FL 34652<br>US  |   |  | :   | 5307 MAIN ST<br>STE 102<br>NEW PORT RICHEY FL 34652  |  |  |  |  |                           |   |  |
|  |   |  |   | U\$  |  |  | <ol> <li>Date Incorporated or Qualifie<br/>08/07/1989</li> </ol>                               | 3a. [  | Date of Last<br>01/20/1   |   |  |
| . Principal Pla  | Principal Place of Business                                   |  |   | 2a. Mailing Address<br>26  |  |  |  | 4. FEI Number NOT APPLICABLE   | <u> </u>                  | Ap<br>No  |  |
| Suite, Apt   | #, etc.   |  | 27  | Suite, Apt. #, etc.  |  |  |  | 5. Certificate of Status Desired   |                           |   | 5 Additional<br>Required                             |
| City & State   | 9   | **   | 28  | City & State   |  |  |  | Election Campaign Financing     Trust Fund Contribution  | , 🗆                       |   | 00 May Be  |
| - 2ф<br>]  | 25  | Country  | 29  | 7 <sub>1</sub> p   | Goun   | ntry   |  | 8. This corporation has liability Florida Statutes   |                           | le tax under  |  |
|  | 9, Name ar  | d Address of Curr  | ent Regist  | tered Agent  |  |  |  | 10. Name and Address of Ne   | w Register                | ed Agent  |  |
|  |   |  |   |  | 1  | 81 1   | Name   |  |                           |   | •  |
| Chang, fong mei Young, M.D.<br>5307 main St, Ste 102<br>New Port Richey Fl 34652   |   |  |   |  |  | 82 Street Acid   |  | ress (P.O. Box Number is Not Acceptable)   |                           |   |  |
|  |   |  |   |  |  | 83   |  |  |                           |   |  |
|  |   |  |   |  |  |  |  |  |                           | B5 2  | Zip Code   |
| or register  | red agent, or bo  | th, in the Stale of Fk   | orida. Such   | 7.1508, Florida Statut<br>change was authoria<br>0505, Florida Statutes  | tes, the abov  | (O-D2)   | City<br>med corporation's boar   | ation submits this statement for the d of directors. I hereby accept the a   | DUFFE COOR OF             | shansing its  |  |
| or register<br>familiar wit<br>GNATURE _   | ed agent, or bo<br>th, and accept t<br>Stignature, typed or p | th, in the Stale of Fk   | orida, Such<br>ection 607.0<br>ent and title if a             | change was authorized to the control of the control | tes, the above zed by the cost.  OTE: Registered A   | /e-nari<br>orpora  | med corporation's boar   | ation submits this statement for the d of directors. I hereby accept the a when reinstating!  ADDITIONS/CHANGES TO C | purpose of<br>appointment | changing its t as registere                             | registered officed agent. I am                       |
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SIGNATURE: Y

SIGNATURE AND TYPED OR PHINTED AME OF SIGNING OFFICER OR DIRECTOR 1-2-96 813-868.5404