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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000086489**1. Corporation Name

CARDIOLOGY ASSOCIATES OF STUART, P.A.

Principal Place of Business 528 E. OSCEOLA STREET 2ND FLOOR STUART FL 34994

2. Principal Place of Business

Mailing Address

2a. Mailing Address

528 E. OSCEOLA STREET STUART FL 34994

3. Date Incorporated or Qualifed

12/13/1993 4. FEI Number

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90018 041 ***150.00

DO NOT WRITE IN THIS SPACE	

Applied For

21		26			65-0636090		No.	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J.,		5. Certifcate of Status D	Desired	\$8.75 △		
22		27	<u></u>		5. Certificate of Status L	esiled []	Fee Re	quired	
	City & State City & State			6. Election		inancing _	\$5.00	May Be	
23	28				Trust Fund Contribut	ion .	Added to	o Fees	
Zip Country Zip			Country		8. This corporation owe	s the current year Ir	Intangible		
24	25	29 30			Personal Property Ta	x	Yes	□No	
-1.	9. Name and Address of Current				10. Name and Address	of New Registere	d Agent		
		TO BEACH THE	81	Name					
HELFMAN, HOWARD			82	82 Street Address (P.O. Box Number is Not Acceptable)					
CAR & RIDGELAND DRIVE ATTE OF STUART, SA				Officer Address (1.0. Box Helinber is the Choopers by					
STU	STUART FL 34996			83					
				5		113 \$1,11 \$211 \$211 65	5 (3) 2 (d) 3 (d) 3 (d) 5 (d)	Code Code	
,	•	•	84	City		F	85 Zip C	Joue -	
11 Directant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	tes, the above	-named corr	poration submits this stateme	nt for the purpose	of changing its	registered	
AND office or r	registered agent, or both, in the State o	if Florida: Such change was a	authorized by	the corporati	on's board of directors. I her	aby accept the app	ointment as re	gistered	
Signagent. Ila	im familiar with, and accept the obligati	ons of, Section 607.0505, Fig	onga Statutes	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if anylicable (NOTE	F: Registered Agen	t signature require	ad when reinstating) (DATE			
12.	OFFICERS AND		13.	. Organisa i organi	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		48 9379697		☐ Change	☐ Addition	
NAME	HELFMAN, HOWARD S MD		1.2 NAME		Section 20 That I				
STREET ADDRESS	8 RIDGELAND DRIVE		1.3 STREE	ADDRESS					
	STUART FL 34996		1.4 CITY-S	- 1					
CITY-ST-ZIP	V	□ DELETE	2.1 TITLE	1-211			☐ Change	☐ Addition	
	1 •		2.2 NAME						
NAME	COTLER, ROBERT	4	2.3 STREET	ADDDESS					
STREET ADDRESS	60 SOUTH RIVER ROAD					4			
CITY-ST-ZIP	STUART FL 34996	A A TOPO TO THE TOPO THE TOPO TO THE TOPO THE TOPO THE TOPO THE TOPO TO THE TOPO THE T	2. 4 CITY-S 3.1 TITLE	T-ZIP			☐ Change	Addition	
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CITY-ST-ZIPL	ia		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME	-					
STREET ADDRESS			5.3 STREE	ADDRESS	•		•		
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TITLE	TENERAGES, OF ALMOST THE	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
	8 ROOSLAND DRIVE		6.2 NAME			112 JTQ	_ •		
NAME	RETERACT OF A COOR		6.3 STREE	ANDESS					
STREET ADDRESS	g Schools to the extension of		■ 0.3 ≎ IREE	UDDUE OO					

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.

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS