

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V60449 (8)

1. Corporation Name

CHARLES A. VILLOCH CARDIOLOGY, M.D., P.A.



Principal Place of Business

**5005 ORDUNA DRIVE
CORAL GABLES FL 33146**

Mailing Address

**5005 ORDUNA DRIVE
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified
08/26/1992

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0349207

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

9. Name and Address of Current Registered Agent

**VILLOCH, CHARLES A M.D. P.A.
5005 ORDUNA DRIVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature of Officer or Director (if this is a change of officer or director)

Signature of Agent (signature required unless consenting)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	VILLOCH, CHARLES A MD	5005 ORDUNA DRIVE	CORAL GABLES FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied on this filing is truthfully 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 its successor 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 in an amendment to an address.

SIGNATURE: X

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

(Date)

City/Town/Parish #

CR2E034 (12/95)