

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638514

Entity Name: CARDIOLOGY CONSULTANTS OF WEST BROWARD, P.A.**Current Principal Place of Business:**201 NW 82ND AVENUE
SUITE 405
PLANTATION, FL 33324**Current Mailing Address:**201 NW 82ND AVENUE
SUITE 405
PLANTATION, FL 33324 US**FEI Number:** 59-1936615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDES, HILAIRE L
201 NW 82 AVE
405
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HILAIRE FERNANDES

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVT
Name	JANCKO, JOEL M M.D.
Address	201 NW 82ND AVENUE SUITE 405
City-State-Zip:	PLANTATION FL 33324
Title	DVP
Name	CHALEFF, FREDERICK M.D.
Address	201 NW 82ND AVENUE SUITE 405
City-State-Zip:	PLANTATION FL 33324

Title	DP
Name	FERNANDES, HILAIRE L M.D.
Address	201 NW 82ND AVENUE SUITE 405
City-State-Zip:	PLANTATION FL 33324
Title	OFFICER
Name	URBANDT, PABLO A
Address	201 NW 82ND AVENUE SUITE 405
City-State-Zip:	PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HILAIRE FERNANDES**PRESIDENT**

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date