SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:31

DOCUMENT # **455518** **(1)**

1. Corporation Name

INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A

Principal Place of Business	Mailing Address
1131 NW 64TH TERRCE GAINESVILLE FL 32605	1131 NW 64TH TERRCE GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1974	3a. Date of Last Report: 02/16/1994
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-1536350	☐ 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

RAMSEY, HOWARD W.
10417 NEWBERRY RD
GAINESVILLE FL 32605

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	11 TITLE	P ☐ Change ☒ Addition
NAME	IMPERI M.D., GREGORY A.	12 NAME	Howard W. Ramsey, M.D.
STREET ADDRESS	1131 NW 64TH TERR	13 STREET ADDRESS	1131 NW 64th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32605	14 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D	21 TITLE	V ☐ Change ☒ Addition
NAME	KRAFT M.D., STEVEN M.	22 NAME	Luis J. Cintado, M.D
STREET ADDRESS	1131 NW 64TH TERR	23 STREET ADDRESS	1131 NW 64th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32605	24 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	T	31 TITLE	C ☐ Change ☒ Addition
NAME	GREEN M.D., PRESTON T.	32 NAME	Thomas G. Pavac, M.D
STREET ADDRESS	1131 NW 64TH TERRACE	33 STREET ADDRESS	1131 NW 64th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32605	34 CITY-ST-ZIP	Gainesville, FL 32605
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 6-14-95 904-331-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

013006J FP

CR2E034 (3/95)