SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 12 1998 8:00am
Secretary of State

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1536350	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IMPERI, GREGORY A. M.D 1131 NW 64TH TERRACE GAINESVILLE FL 32605	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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IMPERI M.D., GREGORY A.		1.2 NAME	
STREET ADDRESS	1131 NW 64TH TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAFT M.D., STEVEN M.		2.2 NAME	
STREET ADDRESS	1131 NW 64TH TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN M.D., PRESTON T.		3.2 NAME	
STREET ADDRESS	1131 NW 64TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CINTADO, LUIS J M.D.		4.2 NAME	
STREET ADDRESS	1131 NW 64TH TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PLAVAC, THOMAS G M.D.		5.2 NAME	
STREET ADDRESS	1131 NW 64TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE: Gregory Imperi OFFICER 7/31/98

CR2E034 (5/98)