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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90043 003 ***150.00

DOCUMENT # 455518

1. Corporation Name

INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A



FILED

Principal Plac	e of Business	Mailing Address			••••	{	Bet imit Mimit Mi	EKI BIBIK BIB	SI DIDIS BIBIL SBUI	
1131 NW 64TH TERRCE 1131 NW 64TH TERRCE GAINESVILLE FL 32605 GAINESVILLE FL 32605						-				
CHINESTILLE IL 32000						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed 06/28/1974		•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21	ass of Edulings		26					-	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1536350			Additional	
22	27			حدثد، رہ		_5Certifcate_of_Status_Desired	□ .		Required	
City & Stat	e .	City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip Country				8. This corporation owes the curr	ent vear inta			
24	25 29 30					Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	Registered /	gent		
ILADO	CDL CDCCCDV A MAD		8	11 Name	3				1	
IMPERI, GREGORY A. M.D 1131 NW 64TH TERRACE				2 Stree	t Addres	ess (P.Q. Box Number is Not Acceptable)				
GAINESVILLE FL 32605			Ļ							
			١٥	13)					}	
			8	4 City			FL	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607 1508. Florida Statutes	the abo	ve-name	d corpor	ation submits this statement for the		hanging :	its registered	
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.										
_	in familiar with, and accept the obligar	ions of, Section 607.0505, Fibrid	a Statute	35.					Į	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ag	jent signature	required v	vhen reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	~		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this annual report or supplemental annual report is true and accurate and that my signal officer or director of the corporation or the refleiver/or trustee empowered to execute this report as medicated or Block 12 or Block 13 if changed, or on an arachment with anyacteress, with all other like empowers.

(3)(i), Florida Statutes. I further certify that the information ine same legal effect as if made under oath; that I am an opter 607, Florida Statutes; and that my name appears in

SIGNATURE: