

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90041 036 ***150.00

DOCUMENT # 455991

1. Entity Name
CLINE CARDIOVASCULAR ASSOCIATES, P.A.



Principal Place of Business
**5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334**

Mailing Address
**5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1543384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLINE, ROBERT E. M.D.
5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CLINE, ROBERT E M.D. 5601 N. DIXIE HIGHWAY, #209 FORT LAUDERDALE, FL 33334
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X** **X** 1/27/04 **X** 954 942 7083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #