

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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 MAY -1 AM 8: 50

DOCUMENT # 591946 (9)

1. Corporation Name

CLIFFORD D. COLIN, CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**5535 GRAND BLVD.
NEW PORT RICHEY FL 34652**

Mailing Address

**5535 GRAND BLVD.
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1978

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

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2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

29

30

4. FEI Number

59-1859364

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**

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COLIN, CLIFFORD D.
5535 GRAND BLVD
NEW PORT RICHEY FL 34652-0080**

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **COLIN, DR. CLIFFORD D.**
STREET ADDRESS **7961 SYCAMORE DR.**
CITY ST ZIP **NEW PORT RICHEY FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(b), 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, the receiver or trustee empowered to file the report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an Attachment with an address.

SIGNATURE:

SIGNATURE: Typed or printed name of officer or director

1/12/95

813-845-1322