

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 602089 (5)

1. Corporation Name

CARDIOLOGY ASSOCIATES OF ORLANDO, P.A.

Principal Place of Business

80 W LUCERNE CIR  
ORLANDO FL 32801

Mailing Address

80 W LUCERNE CIR  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1970

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1292958

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWOOD, SCOTT D  
80 W LUCERNE CIR  
ORLANDO, FL  
32801

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

*Scott D Greenwood*

(NOTE: Registered Agent signature required when resigning)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS                           | CITY - ST - ZIP |
|-------|---------------------|------------------------------------------|-----------------|
| DS    | GROSS, HOWARD E     | 8612 S BAY DR<br>ORLANDO, FL 00000       |                 |
| DV    | PARTAIN, JONATHAN   | 5501 JESSAMINE LANE<br>ORLANDO, FL 00000 |                 |
| DT    | TEW, FRANKLIN       | 5003 MELLON CT.<br>WINDEMERE FL          |                 |
| DT    | JOHNSON, MELVIN J   | 1558 WATERWATCH DR.<br>ORLANDO, FL 00000 |                 |
| DPM   | GREENWOOD, SCOTT D. | 1427 BUCKWOOD DRIVE<br>ORLANDO FL        |                 |
| DV    | WEINSTEIN, IRWIN R. | 500 MANOR ROAD<br>MAITLAND FL            |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(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 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 addition with an address.

SIGNATURE:

*Scott D Greenwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

407-246-8600