FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **602089** **(5)**

1. Corporation Name

CARDIOLOGY ASSOCIATES OF ORLANDO, P.A.

Principal Place of Business	Mailing Address
80 W LUCERNE CIR ORLANDO FL 32801	80 W LUCERNE CIR ORLANDO FL 32801

3. Date Incorporated or Qualified: **05/13/1970**

3a. Date of Last Report: **04/26/1995**

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.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

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 or 617.1508, 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. Said change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete and current; furnished and does not qualify for the exemptions 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 12 or Block 13 if changed, or added, in connection with my appointment as an officer or director.

SIGNATURE: Scott D Greenwood MD 3/27/96 407-246-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone