

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 80 W LUCERNE CIR
ORLANDO FL 32801 ORLANDO FL 32801-3726

3. Date Incorporated or Qualified 05/13/1970 3a. Date of Last Report 04/05/1996
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country
24 25 29 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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GROSS, HOWARD E			1.2 NAME			
STREET ADDRESS	8612 S BAY DR			1.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 00000			1.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARTAIN, JONATHAN			2.2 NAME			
STREET ADDRESS	5501 JESSAMINE LANE			2.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 00000			2.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TEW, FRANKLIN			3.2 NAME			
STREET ADDRESS	5003 MELLON CT.			3.3 STREET ADDRESS			
CITY - ST - ZIP	WINDEMERE FL			3.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, MELVIN J			4.2 NAME			
STREET ADDRESS	1558 WATERWATCH DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 00000			4.4 CITY - ST - ZIP			
TITLE	DPM	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GREENWOOD, SCOTT D.			5.2 NAME			
STREET ADDRESS	1427 BUCKWOOD DRIVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			5.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEINSTEIN, IRWIN R.			6.2 NAME			
STREET ADDRESS	500 MANOR ROAD			6.3 STREET ADDRESS			
CITY - ST - ZIP	MATLAND FL			6.4 CITY - ST - ZIP			

14. I do 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 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 attachment with an address.

SIGNATURE:

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

04-07-97

Date

407 246 5600

Daytime Phone #

CR2E034 (9/96)