

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business 21 <b>60 W. Gore St</b> Suite, Apt. #, etc. 22 City & State 23 <b>Orlando Florida</b> Zip 24 <b>32806</b>		2a. Mailing Address 25 <b>60 W. Gore St</b> Suite, Apt. #, etc. 27 City & State 28 <b>Orlando, Florida</b> Zip 29 <b>32806</b> Country 30 <b>Orange</b>		3. Date Incorporated or Qualified <b>05/13/1970</b>	4. FEI Number <b>59-1292958</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>GREENWOOD, SCOTT D 80 W LUCERNE CIR ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent 81 Name <b>Greenwood, Scott D</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>60 W. Gore St</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32806</b>	
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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 607.0501, Florida Statutes.

SIGNATURE *Scott D Greenwood* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>OS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSS, HOWARD E</b>	1.2 NAME	
STREET ADDRESS	<b>8812 S BAY DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARTAIN, JONATHAN</b>	2.2 NAME	<b>Partain, Jonathan</b>
STREET ADDRESS	<b>5501 JESSAMINE LANE</b>	2.3 STREET ADDRESS	<b>5434 Lazy Oak Lane</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32839</b>
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEW, FRANKLIN</b>	3.2 NAME	
STREET ADDRESS	<b>5003 MELLON CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDEMERE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MELVIN J</b>	4.2 NAME	
STREET ADDRESS	<b>1558 WATERWATCH DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DPM</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWOOD, SCOTT D.</b>	5.2 NAME	
STREET ADDRESS	<b>1427 BUCKWOOD DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, IRWIN R.</b>	6.2 NAME	
STREET ADDRESS	<b>500 MANOR ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	6.4 CITY-ST-ZIP	

14. 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 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*

CR2E034 (10/97)