


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90340 042 ***150.00

DOCUMENT # 602843 1. Entity Name CARDIOLOGY ASSOCIATES OF FORT LAUDERDALE, P.A.					
Principal Place of Business 4725 N. FEDERAL HIGHWAY, SUITE 401 FT. LAUDERDALE, FL 33308			Mailing Address 4725 N. FEDERAL HIGHWAY, SUITE 401 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1358573	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUSIAL, BART B 4725 N. FEDERAL HIGHWAY, SUITE 401 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name KARAN MUNUSWAMY, MD Street Address (P.O. Box Number is Not Acceptable) same City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>KMS</i>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSSO CHARLES D. MD 4725 N. FEDERAL HWY 401 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSIAL, BART B MD 4725 N. FEDERAL HWY 401 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUZMAN, PABLO MD 4725 N FEDERAL HWY 401 FT. LAUDERALDE, FL 33308	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ ALFRED J. MD 4725 N. FERDERAL HWY 401 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNUSWAMY, KARAN MD 4725 N. FEDERAL HWY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOCI, LOIS J MD 4725 N FEDERAL HWY 401 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. <i>KMS</i>					
SIGNATURE: _____ <i>4/13/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50038409



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