

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 009 ***550.00

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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 - No P.O. Box #

3. Mailing Address



05302007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1358573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNUSNAMY, KARAN
4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE, FL 33308

Name

LOUIS CIOCI M.D. PRES

Street Address (P.O. Box Number is Not Acceptable)

4725 N. Federal Hwy #401

City

Ft. Lauderdale

FL

Zip Code

33308

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME RUSSO CHARLES D. MD
STREET ADDRESS 4725 N. FEDERAL HWY 401
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE T ☐ Delete
NAME MUSIAL, BART B MD
STREET ADDRESS 4725 N. FEDERAL HWY 401
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D ☐ Delete
NAME GUZMAN, PABLO MD
STREET ADDRESS 4725 N FEDERAL HWY 401
CITY-ST-ZIP FT. LAUDERALDE, FL 33308

TITLE D ☐ Delete
NAME ALVAREZ ALFRED J. MD
STREET ADDRESS 4725 N. FERDERAL HWY 401
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D ☐ Delete
NAME MUNUSWAMY, KARAN MD
STREET ADDRESS 4725 N. FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE P ☐ Delete
NAME CIOCI, LOIS J MD
STREET ADDRESS 4725 N FEDERAL HWY 401
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME FORT VICE PRES MD
STREET ADDRESS 4725 N. FEDERAL HWY #401
CITY-ST-ZIP FT LAUD, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/30/07 954-772-
2136