

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90002 044 ***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**

40109644



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012008 Chg-P CR2E034 (12/06)

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

**FONT, VICENTE E MD
4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name

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

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.

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 \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
RUSSO CHARLES D. MD
4725 N. FEDERAL HWY 401
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
MUSIAL, BART B MD
4725 N. FEDERAL HWY 401
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GUZMAN, PABLO MD
4725 N FEDERAL HWY 401
FT. LAUDERALDE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ALVAREZ ALFRED J. MD
4725 N. FERDERAL HWY 401
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MUNUSWAMY, KARAN MD
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
FONT, VICENTE E MD
4725 N FEDERAL HWY 401
FORT LAUDERDALE, FL 33308**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D ☒ Change ☐ Addition

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 #

7/1/08 954-772-2136