

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 603624**

1. Entity Name  
**JAMES R. JUDE CARDIOVASCULAR PROFESSIONAL  
ASSOCIATION**



Principal Place of Business

**200 EDGEWATER DRIVE  
MIAMI, FL 33133**

Mailing Address

**200 EDGEWATER DRIVE  
MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1427439**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JUDE, JAMES R, DR  
200 EDGEWATER DR.  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000042614  
02/10/04 80031 803 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JUDE, JAMES R. DR.  
STREET ADDRESS 200 EDGEWATER DRIVE  
CITY-ST-ZIP CORAL GABLES, FL

TITLE D  
NAME JUDE, SALLYE  
STREET ADDRESS 200 EDGEWATER DRIVE  
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE D  
NAME JUDE, JOHN  
STREET ADDRESS 200 EDGEWATER DRIVE  
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-04 305-772-5067