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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 659868

CARDIAC DATA OF NEW PORT RICHEY, INC.

| Principal Pla | nce of Rusinees | Mailing Address | | | | | OJ LOŽA DADA DADA PIDA | I BIRKI BIRKI BIRKI IRBI |
|---|--|-------------------------------|---|---|---|--|---|-------------------------------|
| Principal Place of Business Mailing Address 5341 GRAND BLVD NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 | | | | | | | | |
| | | | | | | | | |
| THE TOTAL PROPERTY OF THE SAME | | | 4032 |)32 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | İ | 3. Date Incorporated or Qualifed | | - |
| | | | | | ` | 03/20/1980 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | ; | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 59-1975393 | | Not Applicable |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | 1 | | \$8 | 75 Additional |
| 22 | 27 | | | İ | 5. Certifcate of Status Desired | 1 1 | e Required | |
| City & Sta | ate | City & State | City & State | | | 6. Election Campaign Financing | ¢5 | · |
| 23 | | 28 | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip Cou | | ntry | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐Yes | : □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Re | gistered Agent | |
| L'AI | CED HADVEY O | | | 81 Na | ne . | • | | |
| KAISER, HARVEY O | | | | 82 Str | et Address | P O Box Number is Not Acceptab | la) | , |
| 5341 GRÄND BLVD NEW PORT RICHEY FL 34652 | | | | - 0 | eet Address (P.O. Box Number is Not Acceptable) | | 5 A. 148 A. 15 A. | |
| NEI | | | 83 | | PALATTA 1997 14.28. | 10 10 12 13 13 13 | \$.50 \$120 Pag (\$4) | |
| | | | | 84 City | | | Had The p | |
| **p 24 | | | | , | | | | Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statu | tes, the at | ove-nan | ed corpora | tion submits this statement for the pr | urpose of changin | g its registered |
| | registered agent, or both, in the State of am familiar with, and accept the obligat | | | | orporation's | board of directors. I hereby accept | the appointment a | is registered |
| SIGNATURE | | | | | | | | • |
| | Signature, typed or printed name of registered agent | | E: Registered | Agent signat | ure required wh | en reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRE | CTORS IN 12 |
| TITLE | SDT | ☐ DELETE | 1.1 TIT | LE | | the state of the s | ☐ Cha | nge Naddition |
| VAME | KAISER, HARVEY O | | 1.2 NA | ME | | | | · - 1 |
| STREET ADDRESS | | | | | 1 | | | - |
| CITY-ST-ZIP | NEW DE DICHEVE | | i i | REETADORE | ss | | | |
| ITTLE | NEW PT RICHEY FL | | 1.3 STF | REET ADDRE Y-ST-ZIP | ss | | | |
| | NEW FI NIGHET FL | ☐ DELETE | 1.3 STF | Y-ST-ZIP | ss | | Cha | nge |
| VAME | NEW PT NIONET PL | ☐ DELETE | 1.3 STF 1.4 CIT | Y-ST-ZIP LE | ss | | Cha | nge |
| | NEW FI NIONET FL | ☐ DELETE | 1.3 STF 1.4 C/T 2.1 T/T/ 2.2 NA | Y-ST-ZIP LE | | | Cha | nge |
| NAME | NEW PI NICHET PL | ☐ DELETE | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF | Y-ST-ZIP LE ME | | | Cha | nge |
| VAME STREET ADDRESS | NEW PI NORE) PL | ☐ DELETE | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF | Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP | | | <u></u> | |
| VAME STREET ADDRESS CITY-ST-ZIP | NEW PI NORE) PL | | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAP 2.3 STF 2.4 CIT | Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE | | | ☐ Cha | |
| NAME STREET ADDRESS CITY-ST-ZIP | NEW PI NUNCI PL | | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAA | Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE | ss | | <u></u> | |
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| VAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP | NEW PT NICHES PL | ☐ DELETE | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI | Y-ST-ZIP LE AE REET ADDRE Y-ST-ZIP LE AE REET ADDRE Y-ST-ZIP EET ADDRE | ss | | ☐ Chai | |
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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 with all other like empowered. SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90086 044 ***150.00