

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 681552**

1. Entity Name  
**CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.**



Principal Place of Business  
**C/O RICHARD G. KACHEL, M.D.  
1401 FORUM WAY  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O RICHARD G. KACHEL, M.D.  
1401 FORUM WAY  
WEST PALM BEACH, FL 33401**



04012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2015832**

Applied For

Not Applicable

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

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

**KACHEL, RICHARD G., M.D.  
1401 FORUM WAY  
WEST PALM BEACH, FL 33401**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000512888  
04/26/06-80010-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	RAY, MICHAEL E., M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	PD
NAME	KACHEL, RICHARD G., M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	SD
NAME	CHAIT, ROBERT D M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	TD
NAME	ERENRICH, NORMAN H M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	ASD
NAME	SHIFRIN, GARY S M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	ATD
NAME	SADLER, DIEGO B M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL

**DO NOT WRITE  
IN THIS SPACE**

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

4-5-06 5361

Date

Daytime Phone #