FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F68420** **(1)**

1. Corporation Name
CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Principal Place of Business	Mailing Address
4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952	4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/23/1982**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **59-2171328** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARETT, ROBERT B.
4130 TAMIAMI TRAIL, SUITE 100
PORT CHARLOTTE 33952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	ROSENFIELD, LOUIS D.	1.2 NAME	
STREET ADDRESS	202 GEORGE STREET	1.3 STREET ADDRESS	258 Tait Terrace
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL
TITLE	D	2.1 TITLE	P ☒ Change ☐ Addition
NAME	RUGGIERI, DAVID E.	2.2 NAME	
STREET ADDRESS	25188 MARION AVE, #1040	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	S ☒ Change ☐ Addition
NAME	GARRETT, ROBERT B.	3.2 NAME	
STREET ADDRESS	2300 SANDY PINE DRIVE	3.3 STREET ADDRESS	1031 W. Retta Esplanade #124
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	VP	4.1 TITLE	T ☒ Change ☐ Addition
NAME	POPPER, PAUL M.	4.2 NAME	
STREET ADDRESS	259 FIELDS TERRACE	4.3 STREET ADDRESS	2100 Jamaica Way
CITY-ST-ZIP	PT. CHARLOTTE FL	4.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	~~MCMULLEN, ARTHUR~~	5.2 NAME	McMullen, Arthur
STREET ADDRESS	~~220 SORENTO COURT~~	5.3 STREET ADDRESS	(DELETE)
CITY-ST-ZIP	~~PUNTA GORDA FL~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Robert B. Garrett MD 4/27/95 813 629 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320715 CP