FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 24 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 02/23/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSENFIELD, LOUIS D.		1.2 NAME		
STREET ADDRESS	258 TAIT TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ 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	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GARRETT, ROBERT B.		3.2 NAME		
STREET ADDRESS	1031 W RETTA ESPLANADE		3.3 STREET ADDRESS	1129 CORONADO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POPPER, PAUL M.		4.2 NAME		
STREET ADDRESS	2100 JAMAICA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCMULLEN, ARTHUR		5.2 NAME		
STREET ADDRESS	220 SORENTO COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ DR. ROBERT B. GARRETT 4/19/96 941-629-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #