FILED

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G30409**

1. Corporation Name

FLORIDA CARDIOLOGY, P.A.

			•				
Principal Place of Business Mailing Address						L \$88(1)) dess till; seit blet detid (8); blet eren met eien eien eien eien	
2699 LEE ROAD. STE 100 2699 LEE ROAD. STE 100							. ,
WINTER PARK	ITER PARK FL 32789				DO NOT WEITE IN THE CRACE		
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							03/25/1983
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21			26				59-2262342 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22							5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24	25 29			30			Personal Property Tax. Yes □No .
9. Name and Address of Current Registered Agent					04	A1	10. Name and Address of New Registered Agent
KVDI	INADATNE H R M D				81	Name	
KARUNARATNE H.B., M.D. 2699 LEE RD					82 Street Addre		ddress (P.O. Box Number is Not Acceptable)
SUITE 100					83		
	TER PARK FL 32789-8738				ြီ		
*****	ich frank i C de l'ob di do				84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607	0502 and (S07 1508 Florida Statut	es the a	hove	-named cor	progration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Flori	da. Such change was a	uthorized	i by '	tne corporat	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE							·
SIGNATURE	Signature, typed or printed name of registered	l agent and title	if applicable. (NOTE	: Registered	Agen	t signature requi	uired when reinstating) DATE
12.	OFFICERS	AND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 71	ΠLE		☐ Change ☐ Addition
NAME KARUNARATNE, H.B.				1.2 N	1.2 NAME		
STREET ADDRESS 2699 LEE ROAD, SUITE 100			1.3 STRE			ADDRESS	}
CITY-ST-ZIP					TY-\$T	-ZIP	☐ Change ☐ Addition
TITLE	\$D DELETE		2.1 TI	2.1 TITLE		Change Addition	
NAME	REDDY, KARAN			2.2 NA			
STREET ADDRESS	2699 LEE ROAD SUITE 100)		2.3 S	REET	ADDRESS	•
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		T-ZIP	Change Addition
TITLE	"			3.1 TITLE		Counting Country	
NAME	SANDEEP BAJAJ		3.2 N				
STREET ADDRESS			1	3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		□ DELETE	3.4. C		T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 TI		-	☐ Grange ☐ Addition
NAME				4.2 N			
STREET ADDRESS				F		ADDRESS	
CITY-ST-ZIP			☐ DELETE	4.4 CI		r-zip	☐ Change ☐ Addition
TITLE			□ DEFE	5.1 Tf 5.2 N			Ti surange Ti Madillon (
NAME				1		ADDRESS	
STREET ADDRESS					TY-ST	1	
CITY-ST-ZIP			☐ DELETE	5.4 C		-21	☐ Change ☐ Addition
TITLE			□ nere ie	6.2 N			
NAME						ADDRESS	
STREET ADDRESS				0.0 5	INCE!		

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 sustee 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: