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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

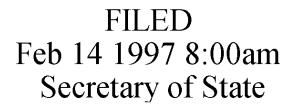
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G55424

SPERBER, ALTER & MAREK, M.D.'S DIAGNOSTIC CARDIO LOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
PO BOX 81-7597 HOLLYWOOD HILLS FL 33081-1597 US	PO BOX 81-7597 HOLLYWOOD HILLS FL 33081-15 US



3a. Date of Last Report



3. Date Incorporated or Qualified

							08/24/1983	03/11	/1996		
2. Principal P	lace of Busines	s	2a. Mail	ing Address			4. FEI Number			plied For	
21			26	·····		·	59-2316848		No	et Applicable	
Suite, Apt #, etc			Suite 27	e, Apt. #, etc.			5. Certificate of Status Desired Pee Required				
City & State 23			City	& State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	Zıp		Country	, .	8. This corporation has liability				
24	25		29		30		Florida Statutes	XI Yes		100.002,	
	9. Name an	d Address of Cu	rent Registered	Agent		,	10. Name and Address of Nev	Registered Ag	ent		
	rber, silvio				81	Name					
		STREET, SUITE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
SHE	RIDAN HILLS	PROFESSIONAL	l Plaza								
HOLLYWOOD FL 33021											
					84	City	······································	FL	85 Zip (Code	
11 Pursuant i	to the provision	s of Sections 607	0502 and 607 15	08 Florida Statut	ac the above	anamad core	poration submits this statement for t		hanaina it	a registered	
office or real	ogistered agen	t, or both, in the Stand accept the of	ate of Florida. Su	ich change was a	authorized by	the corporat	ion's board of directors. I hereby a	ccept the appoir	ntment as	registered	
SIGNATURE	Stgr ators, typed or p	onded name of registered	l agent and title 1 appir	able. (NOT	E. Registered Age	ont signature requir	red when reinstating)	DAT€			
12.		OFFICERS	AND DIRECTOR		13.		ADDITIONS/CHANGES TO O	FFICERS AND D	IRECTOR	S IN 12	
TITLE	PD			DELETE	11 TITLE				Change	Addition	
NAME	Sperber, s			,	1.2 NAME						
STREET AODRESS	P.O. BOX81	-7597			1.3 STREET	ADDRESS	•				
CITY-ST-ZIP	HOLLYWOO	D HILLS FL			14 CfTY- S	T-ZIP				ļ	
TITEE	SD			☐ DELETE	21 TITLE				Change	Addition	
NAME	ALTER, BAF	RY R	11/0		22 NAME					i	
STREET ADDRESS	P.O. BOX 8	1-7597	NH		2.3 STREET	ADDRESS	•			l	
CITY-ST-ZIP	HOLLYWOO	D HILLS FL	1		2.4 CITY-	ST-ZIP	PROTECTION TO THE STREET PROTECTION OF THE STR	Telescopy (Telescopy (James House		
THLF	TD		,	DELETÉ	3.1 TITLE			L	Change	Addition	
NAME	MAREK, MK	CHAEL S	$-u/\Lambda$		3.2 NAME						
STREET ADDRESS	P.O. BOX 8	1-7597	NITT		3.3 STREET	ADDRESS					
C174-S1-7IF	HOLLYWOO	D HILLS FL	· / · •		3.4. CITY -	ST-ZIP					
TITLE				DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADORESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY - S						
TITLE				DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME					5.2 NAME			_	_		
STREET ADORESS					5.3 STREET	ADDRESS					
CITY - ST - ZIF					5.4 CITY - S						
TITLE				DELETE	6.1 TITLE	, 411		Г	Change	Addition	
NAME					6.2 NAME			_			
STREET ADDRESS					6.3 STREET	ADDRESS					
City-St-2ii					6.4 CITY - S	· · · · I					
14. I do hereb	by certify that th	e information supr	olied with this filin	ig does not qualif	v for the exe	motion stated	in Section 119.07(3)(i), Florida Sta	tutes. I further co	ertify that	the	
informatio Lam an of	in indicated on fficer or director	this annual report.	or supplemental i or the receiver:	annual report is to or trustee empow	rue and accu ered to exec	irate and that	my signature shall have the same 1 as required by Chapter 607, Florid	it se thatfallene	made una	der neth: that	