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 # **G64550** **(8)**

1. Corporation Name

CARDIO-PULMONARY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1380 MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33179	1652 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1983**

3a. Date of Last Report: **02/17/1994**

4. FEI Number: **59-2334783** ☐ 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

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

	2. Principal Place of Business	2a. Mailing Address
21	c/o Mitchell D. Klein PA	c/o Mitchell D. Klein, PA
Suite, Apt. #, etc.	22 1120 E Hallandale Bch Blvd	27 1120 E Hallandale Bch Blvd
City & State	23 Hallandale, FL	28 Hallandale, FL
Zip	24 33009	29 33009
Country	25 U.S.	30 U.S.

9. Name and Address of Current Registered Agent

KLEIN, MITCHELL D., P.A.
~~621 W. HALLANDALE BEACH BLVD.~~ 1120 E Hallandale Bch Blvd
HALLANDALE FL 33009

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME*	FOX, STEVEN	12 NAME	
STREET ADDRESS	1380 NE MIAMI GARDENS DR	13 STREET ADDRESS	
CITY ST ZIP	N MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	FOX, ROBERT M.	22 NAME	
STREET ADDRESS	1380 NE MIAMI GARDENS DR	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 13d changed, or on an attachment with an address.

SIGNATURE: _____ MD _____ 4/27/95 (DATE) 305 456 7737 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0198760 CP