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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H37443



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90123 043 ***150.00

1. Corporation KENDALL	L HEART CENTER, INC.	_				TO THE REPORT OF THE PROPERTY	1811 B1811 B1811 B	1811 BLAIF (289)
		•						
Principal Place	e of Business	Mailing Address			_	* 18819/1 0105 /11/1 (881) 518/1 01008 1/11 01011 0		, 1811 G1811 1881
8955 SW 87 COURT		8955 SW 87 COUR	8955 SW 87 COURT					
#115		#115	# * · · *			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33176 US		Miami FL 33176 US				3. Date Incorporated or Qualified		
us		00				01/10/1985		
a Principal Di	lace of Rusiness	2a, Mailing Addres			_	4. FEI Number	Ap	plied For
					59-2517869	No	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #,	etc.				\$8.75 /	Additional
22		27			: -	5. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		Country		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		94	. .	10. Name and Address of New Registered	Agent	
1105	DET INIME M			81	Name			
	BET, JAIME M			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
8955 SW 87 COURT STE 115								
	MI FL 33176			83				}
ואוטיינועו	WI FE 33170			84	City	FL	85 Zip (Code
				ļl		pration submits this statement for the purpose of	-	ragieterad
office or r	registered agent, or both, in the State	e of Florida Such chang	o was authoriz	zed by t		all beand of dispetors. I boroby account the appro-	intment as re	aistored
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0	505, Florida Si	statutes.	ine corporatio	n's board of directors. I hereby accept the appo		gistered
agent. I a SIGNATURE	im familiar with, and accept the oblig	gations of, Section 607.0:	505, Florida Si	iaiules.	ine corporatio			gistered
agent. I a	Im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. AND DIRECTORS	(NOTE: Registe	iaiules.	ine corporatio		ND DIRECTO	PRS IN 12
agent. I a	Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0:	(NOTE: Registe	ered Agent	ine corporatio	d when reinstating) DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A DP LLOBET, JAIME	gent and title if applicable. AND DIRECTORS	(NOTE: Registe	ered Agent	ine corporatio	d when reinstating) DATE	ND DIRECTO	PRS IN 12
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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 receive 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 open attachylery with an address, with all other like empowered.

SIGNATURE:

REQUARMED LLOBE