


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90023 044 ***150.00

0286571

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J55690					
1. Corporation Name FORT LAUDERDALE HEART INSTITUTE, ZACHARIAH, P.A.					
Principal Place of Business % ZACHARIAH P. ZACHARIAH, M.D. 4725 NORTH FEDERAL HWY FT. LAUDERDALE FL 33308			Mailing Address % ZACHARIAH P. ZACHARIAH, M.D. 4725 NORTH FEDERAL HWY FT. LAUDERDALE FL 33308		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0000708	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ZACHARIAH, P. ZACHARIAH 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DPST ZACHARIAH, ZACHARIAH P.			1.2 NAME		
STREET ADDRESS 4725 N. FEDERAL HWY			1.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL 33308			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.2 NAME		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.2 NAME		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.2 NAME		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.2 NAME		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.2 NAME		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

954-492-5755

Daytime Phone #

CR2E034 (11/98)