Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J55690

1. Corporation Name

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Zip

FORT LAUDERDALE HEART INSTITUTE, ZACHARIAH, P.A.

Country

9. Name and Address of Current Registered Agent

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rincipal Place of Business	Mailing Address	
% Zachariah P. Zachariah, M.D. 1725 North Federal Hwy FT. Lauderdale Fl 33308	% Zachariah P. Zachariah, M.D. 4725 North Federal Hwy ft. Lauderdale Fl 333 0 8	
7	2a. Mailing Address	
1	2a. Mailing Address 26 Suite, Apt. #, etc.	
¬, '	26	

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

02-20-1999 90023 044 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

02/06/1987

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number 65-0000708

ZACHARIAH, P. ZACHARIAH 4725 NORTH FEDERAL HIGHWAY		82 Street Address (P.O. Box Number is Not Acceptable)			
	84 (Dity	85 Zip C	Code	
		· ·			
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 	orized by the	amed corporation submits this statement for the purpose e corporation's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered	
SIGNATURE		posture required when reinstation) DATE			
originated, typod or printed talling or ag	13.	pnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
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ET LAUDEDDALE EL 00000	1.4 CITY-ST-ZI		•		
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NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET AD	DRESS .			
City-st-zip	6.4 CITY-ST-Z	· I			
14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate.	e exemption e and that m	stated in Section 119.07(3)(i), Florida Statutes. I further by signature shall have the same legal effect as if made u	certify that the ii inder oath; that I	ntormation am an	

Country

81 Name

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officer or director of the corporation or the receiver or trastice 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR