

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # K56648

(4)

1. Corporation Name

THE CARDIOLOGY CLINIC OF FLORIDA, P.A.



Principal Place of Business

C/O GLENN D. MEYERS
2951 N.W. 49TH AVENUE, SUITE 301
LAUDERDALE LAKES FL 33313

Mailing Address

C/O GLENN D. MEYERS
2951 N.W. 49TH AVENUE, SUITE 301
LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

65-0088295

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MEYERS, GLENN D.
2951 N.W. 49TH AVENUE, SUITE 301
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81. Name

SAME

82. Street Address (P.O. Box Number is Not Acceptable)

5413 E. LEITNER DRIVE

83.

84.

CORAL SPRINGS

FL

85.

Zip Code

33067

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE OPS
NAME MEYERS, GLENN D. M.D.
STREET ADDRESS 2951 N.W. 49TH AVE. S-301
CITY-ST-ZIP LAUDERDALE LAKES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME
1.2 NAME SAME
1.3 STREET ADDRESS 5413 E. LEITNER DRIVE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067

☐ Change ☐ Addition

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

692 345-6131

CR2E034 (5/98)