

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K58702

1. Entity Name
THE CARDIOLOGY CENTER OF PALM BEACH COUNTY,
INC.



FILED

07 FEB 13 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% LOUIS D. SNYDER % LOUIS D. SNYDER
16244 MILITARY TRAIL, SUITE 560 16244 MILITARY TRAIL, SUITE 560
DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number 65-0096096 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, LOUIS D.
16244 MILITARY TRAIL
SUITE 560
DELRAY BEACH, FL 33484

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SNYDER, LOUIS D MD
STREET ADDRESS 16244 S. MILITARY TRAIL, SUITE 560
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Delete

TITLE VPDS
NAME CORONADO, IVAN MD
STREET ADDRESS 19083 TWO RIVER LANE
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE VPD
NAME SLOAN, SUSAN ARNP
STREET ADDRESS 5622 FOX HOLLOW DRIVE, #C
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100088699261
02/19/07--01006--012 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME Cohen, Steven S. M.D.
STREET ADDRESS 16244 S. Military Trail, Suite 560
CITY-ST-ZIP Delray Beach, FL 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

President

2/8/07

561-495-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis D. Snyder, M.D., President

Date

Daytime Phone #