1-31-95 A-68 200.00 B-674 -C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:46

DOCUMENT # L51235 (4)

1. Corporation Name

UNIVERSITY CARDIOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
C/O LUIS ALBERTO ORIHUELA M.D. 7707 NORTH UNIVERSITY DRIVE NO. 104 TAMARAC FL 33321	C/O LUIS ALBERTO ORIHUELA M.D. 7707 NORTH UNIVERSITY DRIVE NO. 104 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	7421 N. University Dr.
Suite, Apt. #, etc. (22)	Suite 101
City & State (23)	Tamarac, FL
Zip (24)	33321
Country (25)	
2a. Mailing Address (26)	7421 N. University Dr
Suite, Apt. #, etc. (27)	Suite 101
City & State (28)	Tamarac, FL
Zip (29)	33321
Country (30)	

3. Date Incorporated or Qualified: 02/15/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0180879 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ORIHUELA, LUIS ALBERTO M.D.
7707 NORTH UNIVERSITY DRIVE
NO. 104
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7421 N. University Drive
83 Suite 101
84 City: Tamarac FL 85 Zip Code: 33321

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] Luis A. Orihuela (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 1/27/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORIHUELA, LUIS ALBERTO
STREET ADDRESS	7707 NORTH UNIVERSITY DR
CITY-ST-ZIP	TAMARAC FL
TITLE	D
NAME	SCHNEIDER, RICKY W
STREET ADDRESS	7421 N, UNIVERSITY DIRVE
CITY-ST-ZIP	TAMARAC FL
TITLE	D
NAME	SIMKINS, LANCE
STREET ADDRESS	7421 N UNIVERSITY DR 211
CITY-ST-ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7421 N. University Drive - Ste 101	
1.4 CITY-ST-ZIP	Tamarac, FL 33321	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	7421 N. University Dr - Ste 101	
2.4 CITY-ST-ZIP	Tamarac, FL 33321	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	7421 N. University Dr - Ste 101	
3.4 CITY-ST-ZIP	Tamarac, Fl 33321	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Luis A. Orihuela

Date: 1/27/95 Daytime Phone #: (305) 721-6666

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