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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51235 (4)

UNIVERSITY CARDIOLOGY CONSULTANTS, P.A.					
Principal Place of Business Mailing Address					
7421 N. UNIVERSITY DR. 7421 N. UNIVERSITY DR					
SUITE 101 SUITE 101					DO NOT WRITE IN THIS SPACE
TAMARAC FL 33321 TAMARAC FL 33321 US US					3. Date Incorporated or Qualified
1		•			02/15/1990
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-0180879 Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Zip Country Zip		Cou	intra	Trust Fund Contribution Added to Fees
24	25	29	30	niu y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current		301		10. Name and Address of New Registered Agent
OP	HUELA, LUIS ALBERTO M			81 Name	
7421 N. UNIVERSITY DRIVE				82 Street A	office (D.O. De Newborks Ve Not Assessable)
SUITE 101				82 Street A	ddress (P.O. Box Number is Not Acceptable)
TAMARAC FL 33321				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.					
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Stat	utes.	
SIGNATURE	Signature, typed or printed name of registered ager	t nod itte if oppligable	E Occiotoro	N Acont clanchura	equired when reinstating) DATE
	12. OFFICERS AND DIRECTORS		13.	2 Agent signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE	Change Addition
NAME	ORIHUELA, LUIS ALBERTO		12 N/	ME	
STREET ADDRESS	ss 7421 N. UNIVERSITY DRIVE - STE. 101		1.3 \$7	REET ADDRESS	
CITY-ST-ZIP	ST-ZIP TAMARAC FL		_1 4 CI	TY-ST-ZIP	
TITLE	D DELETE 2		2111	TLE	Change Addition
NAME			2.2 N/	AME	
STREET ADDRESS			2.3 S1	REET ADDRESS	
CITY - ST - ZIP	TAMARAC FL		_	ITY-ST-ZIP	***
TITLE	_		3.1 TI		Change Addition
NAME	SIMKINS, LANCE		3.2 N/	AME	
STREET ADDRESS	TAMES OF		3.3 \$1	REET ADDRESS	
CITY - ST - ZIP			_	ITY-ST-ZIP	
TITLE		☐ DELETE	4.1 Ti		☐ Change ☐ Addition
NAME			4. 2 N		
STREET ADDRESS			1	REET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CI	TY-ST-ZIP	Change Addition
NAME		□ peceig	5.3 II 5.2 N/		E onarge Modition
			REET ADORESS		
2 INCEL WOODCOD			2331	HEET AUUNESS	.

olied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emerging 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 hereceiver of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address. I.4. I hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed. (954)

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

FILED

Jan 26 1998 8:00am

Secretary of State

721-6666

Change

Addition