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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90003 023 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51235 1. Corporation Name

UNIVERSITY CARDIOLOGY CONSULTANTS, P.A.

Principal Plac	ce of Business	Mailing Address				1 (84)(81) 84) 8159) (78) 8 1189)			IN 61911 WISH 1881
7421 N. UNIVE	RITY DR.	7421 N. UNIVERSITY DR							
SUITE 101		SUITE 101							
TAMARAC FL 33321 TAMARAC FL 33321						DO NOT WR		SPACE	
US		US				3. Date Incorporated or Qualifed 02/15/1990			•
2. Principal F	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		;	Additional Required
City & Sta	te	City & State				6. Election Campaign Financing		`\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the cur	rent year Inta	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
				81	Name				
	HUELA, LUIS ALBERTO M			82	Stroot Addr	ess (P.O. Box Number is Not Accept	iabla)		
	1 N. UNIVERSITY DRIVE			62	Sueet Addit	ess (F.O. Box Number is Not Accept	aule)		
	TE 101	,	•	83			生動物	811-9135	17.11 \$131 \$1
TAM	IARAC FL 33321					1977年最高的報	uni tan		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84	City		FL	^ 85 Zi	p Code
agent, ra	am familiar with, and accept the obligation of t				t signature required	f when reinstating) , , ,	DATE		· .
12.	OFFICERS AN	ND DIRECTORS	13.						
TITLE	↓ D		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
NAME	1 "	☐ DELETE	1.1 TI	TLE		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	
	ORIHUELA, LUIS ALBERTO	☐ DELETE	_				FICERS AN		
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STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.1 TI 1.2 NJ 1.3 ST	AME			FICERS AN		
	7421 N. UNIVERSITY DRIVE - S	☐ DELETE	1.1 TI 1.2 NJ 1.3 ST	AME TREET			FICERS AN		e Addition .
CITY-ST-ZIP	7421 N. UNIVERSITY DRIVE - S TAMARAC FL	□ DELETE STE. 101	1.1 TI 1.2 N/ 1.3 ST 1.4 CI	AME TREET TY-ST TLE			FICERS AN	Chang	e Addition .
CITY-ST-ZIP	7421 N. UNIVERSITY DRIVE - S TAMARAC FL D SCHNEIDER, RICKY W	DELETE STE. 101	1.1 TI 1.2 NJ 1.3 ST 1.4 CI 2.1 TF 2.2 NJ	AME TREET TY-ST TLE AME			FICERS AN	Chang	e Addition .
CITY-ST-ZIP TITLE NAME	7421 N. UNIVERSITY DRIVE - S TAMARAC FL D SCHNEIDER, RICKY W	DELETE STE. 101	1.1 TI 1.2 NJ 1.3 ST 1.4 CI 2.1 TF 2.2 NJ 2.3 ST	AME TREET TY-ST TLE AME	ADDRESS		FICERS AN	Chang	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7421 N. UNIVERSITY DRIVE - S TAMARAC FL D SCHNEIDER, RICKY W 7421 N. UNIVERSITY DR - STE TAMARAC FL	☐ DELETE STE. 101 ☐ DELETE E. 101	1.1 TI 1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	AME ITY-ST TLE AME ITY-ST TLE ITY-ST	ADDRESS		FICERS AN	☐ Chang	e Addition
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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 aminot 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 of the receiver of 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 charged or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: