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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L64759** (8)

1. Corporation Name
CARDIOLOGY CENTER OF TAMPA, P.A.

Principal Place of Business

**13701 BRUCE B DOWNS BLVD
SUITE 101
TAMPA FL 33613**

Mailing Address

**13701 BRUCE B DOWNS BLVD
SUITE 101
TAMPA FL 33613-4647**



3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

4. FEI Number **59-2998397** 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

**CANEDO, MARIO I. M.D.
13701 BRUCE B. DOWNS BLVD.
SUITE 101
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of person filing this statement (if not a registered agent, then not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CANEDO, MARIO I. M.D.	
STREET ADDRESS	14603 ANCHORET ROAD	
CITY - ST - ZIP	TAMPA FL	
TITLE	SV	☐ DELETE
NAME	GARCIA, JUAN A. M.D.	
STREET ADDRESS	4302 CARROLLWOOD VILLAGE	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	RINDE-HOFFMAN, DEBBIE MD	
STREET ADDRESS	408 S HUBERT AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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: *Juan A Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 (813) 971-2600

Date Daytime Phone #

CR2E034 (9/96)