FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L94638** **(8)**

1. Corporation Name

OUTPATIENT CATH LABS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
80 WEST LUCERNE ST. ORLANDO FL 32801	80 WEST LUCERNE ST. ORLANDO FL 32801

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 / Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/21/1990**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3054777**	☐ 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

GROSS, HOWARD
80 WEST LUCERNE ST.
ORLANDO FL 32801

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 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GROSS, HOWARD E.	
STREET ADDRESS	80 WEST LUCERNE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	WEINSTEIN, IRWIN R.	
STREET ADDRESS	80 WEST LUCERNE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	ANDREAE, GEORGE E.	
STREET ADDRESS	80 WEST LUCERNE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	KAKKAR, SUNIL M.	
STREET ADDRESS	445 WEST OAK ST.	
CITY-ST-ZIP	KISSIMMEE 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 report is true, complete and accurate; that 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 added above with an address.

SIGNATURE: N. E. Gross MD 3-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)