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

Mailing Address

MIAMI FL 33143

SUITE 301

7171 SOUTHWEST 62 AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93849

Principal Place of Business 7171 SOUTHWEST 62 AVENUE

SUITE 301

US

MIAMI FL 33143

CARDIOVASCULAR INTERVENTIONS OF MIAMI, P.A.

-	26		alling Address		65-0067613	Not Applicable	
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22	27			5. Certifcate of Status Desire		Fee Required	
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
28					Trust Fund Contribution	Added to Fees	
Zip	Country Zip Coun			untry 8. This corporation owes the current year Intangible			
24 25 29 30			30	Personal Property Tax. ✓ Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
• 1				. 81 Name			
VILLACIAN, FERNANDO MD 7171 S.W. 62 AVE. #301				82 Street Address (P.O. Box Number is Not Acceptable)			
				2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
S. MIAMI FL 33143							
·				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							
Fursiant to the provisions of Sections 607.0502 and 607.0502 and 607.0502 and 607.0502 and 607.0502 and 607.0503 and 607.0503 and 607.0503 and 607.0505 and 607.0							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE							
12.	OFFICERS AND		13.	in signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DP OF TOLERS	☐ DELETE	1.1 TITLE		10 169 480	☐ Change ☐ Addition	
NAME	VILLACIAN, FERNANDO M.D.		1.2 NAME				
STREET ADDRESS	7171 SOUTHWEST 62 AVENUE,	SUITE 301		T ADDRESS	·		
CITY-ST-ZIP	MIAMI FL 33143	00.12 00.	1.4 CITY-5			,	
TITLE	DVP.	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	PALOMO, ANDRES. M.D.		2.2 NAME			·	
STREET ADDRESS	THE COLUMN THE COURT OF			T ADDRESS			
CiTY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-	ST-ZIP	4		
TITLE		☐ DELETE	3.1 TITLE		• .	☐ Change ☐ Addition	
NAME			3.2 NAME			. • !	
STREET ADDRESS			3.3 STREE	T ADDRESS		Bright Bright Santa Control (1988)	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		45.1 (2.3) 均为,均销额	Change; Addition	
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE	TADORESS			
CITY-ST-ZIP	<u></u>		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME		- 30 g	,	
STREET ADDRESS			l.	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change ☐ Addition	
NAME			6.2 NAME			·	
STREET ADDRESS	· .		6.3 STREE	TADDRESS			

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 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

SIGNATURE

officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attack in

FILED

Feb 09, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

08/11/1988

02-09-1999 90002 039 ***158.75