

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 023 ***150.00

DOCUMENT # P04000094737

1. Entity Name
CARDIAC DIAGNOSTIC SERVICES, INC.



Principal Place of Business
**1295 N W 14TH ST #N
MIAMI, FL 33125**

Mailing Address
**1295 N W 14TH ST #N
MIAMI, FL 33125**

50011478



2. Principal Place of Business

**1321 NW 14 ST
Suite 500**

3. Mailing Address

**1321 NW 14 ST.
Suite 500**

01262005

Chg-P

CR2E034 (10/03)

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

201299155

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~SAVER, PAUL~~ **SAVER, PAUL**
~~224 EXECUTIVE PARK DR #3~~ **2721 EXEC. PK DR #3**
~~WESTON, FL 33331~~ **WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **Onkar S. NARULA**
Street Address (P.O. Box Number is Not Acceptable) **1321 NW 14 Street Suite 500**
City **MIAMI** FL Zip Code **33125**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Onkar Singh Narula, MD

1-29-05

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	Officer	Delete
NAME	AMAT, FERNANDO DR	
STREET ADDRESS	1295 N W 14TH ST #N	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONKAR S. NARULA	
STREET ADDRESS	1321 NW 14 ST. Suite 500	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

Onkar Singh Narula, MD

1-29-05

(305)

324-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ONKAR Singh NARULA