## FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90099 018 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P33001**

1. Corporation Name

MEDCATH OF NORTH CAROLINA, INC.

Principal Flace of Business Mailing Address 7621 LITTLE AVE. 7621 LITTLE AVE. STE. 106 STE. 106 DO NOT WRITE IN THIS SPACE CHARLOTTE NC 28226 CHARLOTTE NC 28226 US 3. Date Incorporated or Qualifed HS 03/01/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 56-1635096 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing - Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country This corporation owes the current year Intangible Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 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 (NOTE: Registered Agent signature req irred when reinstating Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE PD 11 TITLE VISIT TITLE

1. Poursett NAME PUCKETT, STEPHEN R 1.2 NAME 1621 Little Avenue Suite 106 7621 LITTLE AVE SUITE 106 1.3 STREET ADDRESS STREET ADDRESS CHARLOTTE NC 28226 JEEBE 24, Morand 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE Thomas Kilteaun III DANIEL L BELONGIA CFO NAME 22 NAME 7621 LITTLE AVE SUITE 106 7621 Little Avenue Suite 106 2.3 STREET ADDRESS STREET ADDRESS **CHARLOTTE NC 28226** CHOMPHE HE SESSE 2. 4 CITY-ST-ZIF CITY-ST-ZIP Change DELETE 3 1 TITLE THLE william moore, Ir. W JACK DUNCAN 3.2 NAME NAME 1621 Lette Avenue, Suite Ob 2190 BANEBERRY DRIVE 3 3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** NOTERS DU SHONOU 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE A. Kennoth Petronis CRANE, DAVID 4. 2 NAME NAME TUDI WHILE AVENUE, Surte 106 STREET ADDRESS 7232 ST CLAIR DR 4.3 STREET ADDRESS Charlott: NC 28334 CHARLOTTE NC 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME POST, RICHARD J NAME 5.3 STREET ADDRÉSS 7621 LITTLE AVE SUITE 106 STREET ADDRESS 5.4 CITY-ST-ZIP CHARLOTTE NC 28226 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)