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FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002632 (7)

1. Corporation Name

INTERVENTIONAL CARDIOLOGY & VASCULAR CONSULTANTS
, P.A.

Principal Place of Business

Mailing Address

2909 N. ORANGE AVE.
#101
ORLANDO FL 32804

2909 N. ORANGE AVE.
#101
ORLANDO FL 32804-4639

2. Principal Place of Business

2a. Mailing Address

21 615 E Princeton St

26 615 E Princeton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 104

27 Ste 104

City & State

City & State

23 Orlando FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32803

25

29 32803

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANSAL, ANIL
2909 N. ORANGE AVE.
#101
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

615 E Princeton St

83 Ste 104

84 City

Orlando

FL

85

Zip Code

32803

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature type 1 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BANSAL, ANIL
STREET ADDRESS 2909 N. ORANGE AVE., #101
CITY - ST - ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

615 E Princeton St, Ste 104

Orlando, FL 32803

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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:

ANIL BANSAL

2/13/97

CR2E034 (9/96)