

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000005647 (1)**

1. Corporation Name

MODI & MODY CARDIOVASCULAR CONSULTANTS, P.A.



Principal Place of Business

**500 NORTH WASHINGTON AVE.
#202
TITUSVILLE FL 32796**

Mailing Address

**500 NORTH WASHINGTON AVE.
#202
TITUSVILLE FL 32796**

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

4. FEI Number

59-3157702

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

10. Name and Address of New Registered Agent

**MODI, KIRAN R
500 N WASHINGTON AVE.
#202
TITUSVILLE FL 32796**

81. Name

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

83. City

84. State

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 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when filing application)

(Not for Registered Agent Signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
D MODI, KIRAN R MD 500 N. WASHINGTON AVE. #202 TITUSVILLE FL 32796	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
1.1 TITLE	☐	☐
1.2 NAME	☐	☐
1.3 STREET ADDRESS	☐	☐
1.4 CITY-STATE-ZIP	☐	☐
2.1 TITLE	☐	☐
2.2 NAME	☐	☐
2.3 STREET ADDRESS	☐	☐
2.4 CITY-STATE-ZIP	☐	☐
3.1 TITLE	☐	☐
3.2 NAME	☐	☐
3.3 STREET ADDRESS	☐	☐
3.4 CITY-STATE-ZIP	☐	☐
4.1 TITLE	☐	☐
4.2 NAME	☐	☐
4.3 STREET ADDRESS	☐	☐
4.4 CITY-STATE-ZIP	☐	☐
5.1 TITLE	☐	☐
5.2 NAME	☐	☐
5.3 STREET ADDRESS	☐	☐
5.4 CITY-STATE-ZIP	☐	☐
6.1 TITLE	☐	☐
6.2 NAME	☐	☐
6.3 STREET ADDRESS	☐	☐
6.4 CITY-STATE-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

K. Modi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (12/95)