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PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000031403 (7) **DOCUMENT #** 1. Corporation Name

CARDIOVASCULAR	NETWORK	OF FLORIDA	CORP

Principal Place 919 PLACET/ CORAL GABI	of Business	Mailing Address 919 PLACETAS CORAL GABLES FL	33146		
7.41.A				3. Date hicorporated or Qualified 04/28/1993	3a. Date of Last Report 07/19/1995
2. Principal Pla 1	ace of Business	2a. Mailing Address		4. FL+Number 65-0403483	Applied For
Suite, Apt. #	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζ(ρ 2 9	Country 30	This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
919 PLA CORAL (GABLES FL 33146)	83 84 City	ress (P.O. Box Number is Not Acceptabl	F1 85 Zip Code
10.11.10.1 ¥11E.	o the provisions of Sections 607.0002 ed agent, or both, in the state of florid h, and accept the obligations of A otic	and 607.1508, Florida Statu la. Such change was authori on 607.0505, Florida Statute	ites, the above-named corporated by the corporation's bos is.	ration submits this statement for the purp ind of directors. Thereby accept the appo	pose of changing its registered offici pintment as registered agent. Lam
SIGNATURE _	Signature, typed or printer/	W.			
		care at the thingsport calculor	KHS: Rigistered Agent signature receive	a When reasoning	DATE
2	ANT SEE ANT	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
12. TUF	D CESTATI		13. 1 1 THLE		
2. I'le Ame	D DEL MONTE, GASPAR JR.	DIRECTORS	13. 1 1 TIFLE 1.2 NAME		CERS AND DIRECTORS IN 12
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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 Stalutes; and that my name appears in Block 12 or Block 13 if charged, or of an attachment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Dautyne France #