

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000031403 1. Corporation Name CARDIOVASCULAR NETWORK OF FLORIDA CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90202 015 ***150.00

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rincipal Place of	Business	Mailing Address					
MIS PLACETAS		919 PLACETAS CORAL GABLES FL 33146				THIS SPACE	
CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
	•				04/28/1993	Applied	d For
		2a. Mailing Address			4. FEI Number		oplicable
. Principal Place	of Business				65-0403483	\$8.75 Addi	
		Suite, Apt. #, etc.			5. Certificate of Status Desired	Tee Requi	red
Suite, Apt. #,		27			<u> </u>		
L		City & State			6. Election Campaign Financing	\$5.00 Ma Added to F	
City & State		28			Trust Fund Contribution		
L	Country	Zip	Country	<u></u>	8. This corporation owes the current ye	ar intangible X Yes □	No
Zip	Country		30		Personal Property Tax.	1.01	
·	9. Name and Address of Curren				10. Name and Address of New Regist	torou rige	
	9. Name and Address of Current		81)			
DEI M	ONTE, GASPAR JR.		8:	Street Addi	ress (P.O. Box Number is Not Acceptable)	,	•
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CUDV	L GABLES FL 33146		8	3			
CONT	L GABLLO I L GOTTO	•		4 City		85 Zip Co	de
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	· · · · · · · · · · · · · · · · · · ·	a Loga 4509 Elogida Statul	es, the abo	ve-named corp	poration submits this statement for the purp tion's board of directors. I hereby accept the	appointment as regis	stered
agent. I am	familiar with, and accept the obliga	ations of, Section 607.0505, Fix	nua Julia	301		DATE	
agent. I am	familiar with, and accept the obliga	ations of, Section 607.0505, Fit	Registered A	301		DATE ERS AND DIRECTOR	S IN 12
agent. I am	familiar with, and accept the obliga	ations of, Section 607.0505, File and and title if applicable. (NOT)	Registered A	gent signature requir		DATE	S IN 12
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature of indicated on this annual report or supplemental annual report of the corporation or the receiver of instead empowered to execute this report as required by Chapter 607, Findicated on the corporation or the receiver of instead empowered to execute this report as required by Chapter 607, Findicated on the corporation or the receiver of instead empowered to execute this report as required by Chapter 607, Findicated on the corporation or the receiver of instead empowered to execute this report as required by Chapter 607, Findicated on this annual report of supplemental annual report of the receiver of the supplemental annual report of the supplemen