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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008683 (2)

1. Corporation Name
CARDIOLOGY MANAGEMENT SERVICES ORGANIZATION OF T
AMPA BAY, INC.

Principal Place of Business
404 VONDERBURG DRIVE
BRANDON FL 33511

Mailing Address
404 VONDERBURG DRIVE
BRANDON FL 33511-5962



3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3235153

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

2. Principal Place of Business

2a. Mailing Address

21 12421 N. Florida Ave
Suite, Apt. #, etc.

26 12421 N. Florida Ave
Suite, Apt. #, etc.

22 Ste. D201A
City & State

27 Ste. D201A
City & State

23 Tampa, FL
Zip

28 Tampa, FL
Zip

24 33612
Country

25 USA

29 33612
Country

30 USA

9. Name and Address of Current Registered Agent

KHANT, RAVI N.M.D.
404 VONDERBURG DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KHANT, RAVI N.M.D.
STREET ADDRESS 404 VONDERBURG DRIVE
CITY-ST-ZIP BRANDON FL 33511 ☐ DELETE

TITLE VPD
NAME CANEDO, MARIO I.M.D.
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD., SUITE 101
CITY-ST-ZIP TAMPA FL 33613 ☐ DELETE

TITLE SD
NAME CHOKSHI, SAURABH M.D.
STREET ADDRESS 404 VONDERBURG DRIVE
CITY-ST-ZIP BRANDON FL 33511 ☐ DELETE

TITLE TD
NAME GARCIA, JUAN A.M.D.
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD., SUITE 101
CITY-ST-ZIP TAMPA FL 33613 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

M. Canedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 813-936-0100

Date

Daytime Phone #

CR2E034 (9/96)