


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000008683 (2)**

1. Corporation Name

**CARDIOLOGY MANAGEMENT SERVICES ORGANIZATION OF T  
AMPA BAY, INC.**

Principal Place of Business

12421 NO FLORIDA AVE  
STE D 201 A  
TAMPA FL 33612  
US

Mailing Address

12421 NO FLORIDA AVE  
STE D 201 A  
TAMPA FL 33612  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/24/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHANT, RAVI N M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>404 VONDERBURG DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANEDO, MARIO I M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>13701 BRUCE B. DOWNS BLVD., SUITE 101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOKSHI, SAURABH M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>404 VONDERBURG DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, JUAN A M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>13701 BRUCE B. DOWNS BLVD., SUITE 101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

**RECEIVED**

1/23/98

813-971-2600

CR2E034 (10/97)