

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90063 042 \*\*\*150.00

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DOCUMENT # P94000008683

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

2. Principal Place of Business

21 404 Vonderburg Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 404 Vonderburg Dr.  
Suite, Apt. #, etc.

City & State

23 Brandon FL

City & State

28 Brandon FL

Zip

24 33511

Country

25 USA

Zip

29 33511

Country

30 USA

9. Name and Address of Current Registered Agent

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

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 the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

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

TITLE PD ☐ DELETE

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

TITLE VPD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)