

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90171 031 ***150.00

DOCUMENT # P94000017897

1. Corporation Name

INTERVENTIONAL CARDIOVASCULAR CONSULTANTS, P.A.

Principal Place of Business
1245 SOUTH PINELLAS AVE.
TARPON SPRINGS FL 34689

Mailing Address
2890 TAMPA ROAD
STE 407
PALM HARBOR FL 31652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

59-3229642

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21. 5341 Grand Boulevard

Suite, Apt. #, etc.

22. Suite 106

City & State

23. New Port Richey, FL

Zip Country

24. 34652

25. USA

2a. Mailing Address

26. 3890 Tampa Road

Suite, Apt. #, etc.

27. Suite 407

City & State

28. Palm Harbor, FL

Zip Country

29. 34684

30. USA

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT C III
33920 US HWY 19 N
SUITE 200
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
Dr. Carlos J. Bayron

82 Street Address (P.O. Box Number is Not Acceptable)
3890 Tampa Road

83 Suite 407

84 City
Palm Harbor

FL

85 Zip Code
34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida
office or registered agent, or both, in the State of Florida. Such change
agent. I am familiar with and accept the obligations of, Section 607.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(N/A)

I, the above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

Registered Agent signature required when reinstating)

4/29/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BAYRON, CARLOS
STREET ADDRESS 3245 LEPRECHAUN LANE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VSTD ☐ DELETE

NAME SOLA, RICHARD
STREET ADDRESS 3020 TURTLE BROOKE
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowers!

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)