## 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

## DOCUMENT # P94000018286

FLORIDA CARDIAC NETWORK, INC.

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90062 041 \*\*\*150.00



Principal Place of Business Mailing Address						( : CONTROL (IN IBIL) ABILL AB
14320 BRUCE B. DOWNS BLVD		14320 BRUCE B. DOWNS BLVD				
TAMPA FL 33613		TAMPA FL 33613				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						03/04/1994
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59-3232653 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27				Fee Required
City & State	e	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country			· ·	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible
Zip	r <del></del> ′	29 30	_	· II. y		Personal Property Tax.
24	9. Name and Address of Current i	1	<u>'</u>			10. Name and Address of New Registered Agent
	o. Hand and rade of the same			81	Name	
MILLER, EDWARD L				82	R And	drew Rock trees (P.Q. Bor Number is Not Acceptable)
14320 BRUCE B. DOWNS BLVD						East fackson to street
TAMPA FL 33613				83	·	24 - C
				84	Suite City	85 Zin Code
					Tampa	FL   33602
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the al	bove-i	named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ins of, Section 607.0505, Florida	s Statu	utes.	ie corporati	and a position of directors. Thereby assect the appointment as regional
SIGNATURE	K. AGren	KOCK E	. 4 .	عامد		ROCK 1/1/99
	Signature, typed or printed name of registered agent a			Agent s	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13.	n F	т.	Change Maddition
TITLE NAME	D Woodrow, Thomas W		1.2 NA			
STREET ADDRESS	14320 BRUCE B. DOWNS BLVD					Thomas W. Woodrow
CITY-ST-ZIP	TAMPA FL 33613			TY-ST-	'	14320 Bruce B. Downs Boulevard
TITLE	D	☐ DELETE	2.1 TIT			Tampa, Florida 33613 ☑ Change ☐ Addition
NAME	POPE, JAMES E		2.2 NA	ME		D, P
STREET ADDRESS	14320 BRUCE B. DOWNS BLVD		2.3 ST	REETA		James E. Pope 14320 Bruce B. Downs Boulevard
CITY-ST-ZIP	TAMPA FL 33613		2. 4 CI	ITY-ST-		Tampa, Florida 33613
TITLE		☐ DELETE	3.1 TIT	ſίΕ		D, S Change Addition
NAME			3.2 NA	ME		Roberto A. Medina
STREET ADDRESS			3.3 ST	REETA	DDDEGG	14320 Bruce B. Downs Boulevard
CITY-ST-ZIP				ITY-ST-	ZIP	Tampa, Florida 33613 - Florida Fladdition
TITLE		☐ DELETE	4.1 TIT		I	D, T
NAME			4. 2 N		1	Hal J. Applebaum
STREET ADDRESS					ADDRESS .	14320 Bruce B. Downs Boulevard
CITY-ST-ZIP		El priett		TY-ST-	ZIP .	Tampa, Florida 33613 Change Addition
TITLE		☐ DÉLETE	5.1 TIT 5.2 NA			Tampa, FIOTIGA 33613 ☐ Change ☐ Addition
NAME					ODRESS	
STREET ADDRESS			•	TY-ST-		
CITY-ST-ZIP		☐ DELETE	6.1 TI			Change Addition
TITLE			6.2 N			
NAME STREET ADDRESS					ADDRESS	
					- 1	

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

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 00 99 813-971-454