

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



APPROVED  
FILED

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DOCUMENT # **P94000034490 (0)**

CARDIOLOGY ASSOCIATES OF VENICE, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation		1219 JACARANDA BOULEVARD VENICE FL 34292		2. Filing Date		05/01/1994	
3. Date for operation of 1994 ending		3a. Date of Last Report		4. FEI Number		Approved For Not Applicable	
21. State of Incorporation		2a. Mailed Address		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22. State of Principal Office		27. Code Address of		6. Election to Waive Filing of Trust Fund Contribution		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under § 190.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. State		25. County		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOONE, STEPHEN K 1001 AVENIDA DEL CIRCO VENICE FL 34284				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD WECKESSER, GARRY J. M.D. 530 NOKOMIS AVENUE, SUITE 12 VENICE FL 34285	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12 NAME	
CITY & STATE		13 STREET ADDRESS	
NAME	VSTD BASNIGHT, MICHAEL A. M.D. 530 NOKOMIS AVENUE, SUITE 12 VENICE FL 34285	14 CITY - ST - ZIP	
STREET ADDRESS		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY - ST - ZIP	
CITY & STATE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY & STATE		34 CITY - ST - ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY & STATE		43 STREET ADDRESS	
NAME		44 CITY - ST - ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY & STATE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & STATE		64 CITY - ST - ZIP	

14. I, the undersigned, certify that the said statement is true and correct, and that the same is voluntarily furnished and does not comply for the description stated in Section 190.032, Florida Statutes. I further certify that the information contained in this statement is true and correct, and that any changes shall have the same legal effect as if made under oath that is, any change of the information contained in this statement shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears on the Florida Statutes as an officer or director of the corporation.

SIGNATURE:  DATE: 2/25/95