

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000034490 (0)**

1. Corporation Name

CARDIOLOGY ASSOCIATES OF VENICE, P.A.



Principal Place of Business

**1219 JACARANDA BOULEVARD
VENICE FL 34292**

Mailing Address

**1219 JACARANDA BOULEVARD
VENICE FL 34292**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34284**

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 607.01(2) and 607.15(9), 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Date

12. OFFICERS AND DIRECTORS

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