

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P94000046824 (6)

1. Corporation Name

CLINICAL CARDIOLOGY AND MEDICAL ASSOCIATES, P.A.



Principal Place of Business

21110 BISCAYNE BLVD. STE. 206
NO. MIAMI BEACH FL 33180

Mailing Address

21110 BISCAYNE BLVD. STE. 206
NO. MIAMI BEACH FL 33180-1228

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0501758

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KURZWEIL, HOWARD E ESQ.
328 MINORCA AVENUE
SECOND FLOOR
CORAL GABLES FL 33134

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 fee if applicable

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GORIN, ENRIQUE MD
STREET ADDRESS 21110 BISCAYNE BLVD. STE. 206
CITY- ST- ZIP AVENTURA FL

☐ DELETE

TITLE D
NAME HANABERGH, ENRIQUE MD
STREET ADDRESS 21110 BISCAYNE BLVD. STE. 206
CITY- ST- ZIP AVENTURA FL

☐ DELETE

TITLE D
NAME SPIVACK, ERIC MD
STREET ADDRESS 21110 BISCAYNE BLVD. STE. 206
CITY- ST- ZIP AVENTURA FL

☐ DELETE

TITLE D
NAME BERGER, LAWRENCE A MD
STREET ADDRESS 21110 BISCAYNE BLVD., #206
CITY- ST- ZIP AVENTURA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

12 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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.

SIGNATURE

[Signature]

11/27/97-325 233-111

CR2E034 (9/96)