

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000048686 (7)

1. Corporation Name

SOUTH FLORIDA CARDIOVASCULAR MANAGEMENT GROUP, I NC.



Principal Place of Business

Mailing Address

**2733 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

**2733 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/29/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0507046

APPLIED FOR

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

10. Name and Address of New Registered Agent

**SIEGEL, STEPHEN H
2601 S. BAYSHORE DRIVE STE. 1600
MIAMI FL 33133**

81 Name

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

83

84 City

FL

85 Zip Code

14. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent (Name and Title of the Agent)

Signature of Registered Agent (Name and Title of the Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	FELDMAN, TED M.D.	2733 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
V	ARGUELLES, DONATO J M.D.	2733 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
D	MANASA, MONICA M.D.	2733 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
S	PALOMO, ANDRES M.D.	2733 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
T	MAS, IDELFONSO M.D.	2733 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP	

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***200.00**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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: *Theodore Feldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

CR2E034 (12/95)