

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000048686 (7)
 1. Corporation Name
SOUTH FLORIDA CARDIOVASCULAR MANAGEMENT GROUP, I NC.



Principal Place of Business: **2733 PONCE DE LEON BLVD. CORAL GABLES FL 33134**
 Mailing Address: **2733 PONCE DE LEON BLVD. CORAL GABLES FL 33134 C/O JUAN QUINTANA 9519 N.E. 2AVE MIAMI SHORES, FL 33138**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

3. Date Incorporated or Qualified: **06/29/1994**
 4. FEI Number: **65-0507046**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SIEGEL, STEPHEN H
2801 S. BAYSHORE DRIVE STE. 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FELDMAN, TED M.D.	
STREET ADDRESS	2733 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	DELETE
NAME	ARQUELLES, DONATO J M.D.	
STREET ADDRESS	2733 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	DELETE
NAME	MANASA, MONICA M.D.	
STREET ADDRESS	2733 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	DELETE
NAME	PALOMO, ANDRES M.D.	
STREET ADDRESS	2733 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	DELETE
NAME	MAS, IDELFONSO M.D.	
STREET ADDRESS	2733 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	FELDMAN, TED M.D.		
1.3 STREET ADDRESS	9519 N.E. 2AVE		
1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
2.1 TITLE	V	Change	Addition
2.2 NAME	ARQUELLES, DONATO J M.D.		
2.3 STREET ADDRESS	9519 N.E. 2AVE		
2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
3.1 TITLE	D	Change	Addition
3.2 NAME	MANACA, MONICA M.D.		
3.3 STREET ADDRESS	9519 N.E. 2AVE.		
3.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
4.1 TITLE	S	Change	Addition
4.2 NAME	PALOMO, ANDRES M.D.		
4.3 STREET ADDRESS	9519 N.E. 2AVE		
4.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
5.1 TITLE	T	Change	Addition
5.2 NAME	MAS, IDELFONSO M.D.		
5.3 STREET ADDRESS	9519 N.E. 2AVE		
5.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 my alternate list with an address.

SIGNATURE: *[Signature]* **3/10/98** **7510007**

CR2E034 (10/97)