

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. Mortham  
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		06/29/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0507046	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	FELDMAN, TED M.D.	1.2 NAME	FELDMAN, TED M.D.
STREET ADDRESS	2733 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	9519 N.E. 2AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	V	2.1 TITLE	V
NAME	ARGUELLES, DONATO J M.D.	2.2 NAME	ARGUELLES, DONATO J M.D.
STREET ADDRESS	2733 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	9519 N.E. 2AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	D	3.1 TITLE	D
NAME	MANASA, MONICA M.D.	3.2 NAME	MANASA, MONICA M.D.
STREET ADDRESS	2733 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	9519 N.E. 2AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	S	4.1 TITLE	S
NAME	PALOMO, ANDRES M.D.	4.2 NAME	PALOMO, ANDRES M.D.
STREET ADDRESS	2733 PONCE DE LEON BLVD.	4.3 STREET ADDRESS	9519 N.E. 2AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	T	5.1 TITLE	T
NAME	MAS, IDELFONSO M.D.	5.2 NAME	MAS, IDELFONSO M.D.
STREET ADDRESS	2733 PONCE DE LEON BLVD.	5.3 STREET ADDRESS	9519 N.E. 2AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 affidavit with an address.

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

CR2E034 (10/97)