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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # P94000056771 (6)

1. Corporation Name

PASCO CARDIOLOGY ASSOCIATES, M.D., P.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1994** 3a. Date of Last Report

07/29/1994

4. FEI Number

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

Principal Place of Business		Mailing Address	
37852 MEDICAL ARTS CT UNIT A ZEPHYRHILLS FL 33541		37852 MEDICAL ARTS CT UNIT A ZEPHYRHILLS FL 33541	

2. Principal Place of Business		26. Mailing Address	
21 37852 - Medical Arts Ct	26	Suits, Apt. #, etc.	
Suite, Apt. #, etc. UNIT-A		27	City & State
22 ZEPHYRHILLS, FL	28	City & State	
23	29	Zip	Country
33541	USA	30	

9. Name and Address of Current Registered Agent

**HERSCH & KELLY PA
12249 US HWY 301
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name	DR. PALLY, MADHAVA MD
82 Street Address (P.O. Box Number is Not Acceptable)	37852 - Medical Arts Ct - UNIT A
83	
84 City	ZEPHYRHILLS, FL
85 Zip Code	33541

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 *Morham* DATE **2/15/95**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PALLY, MADHAVA MD
STREET ADDRESS	% 37852 MEDICAL ARTS CT UNIT A
CITY - ST - ZIP	ZEPHYRHILLS FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 111.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morham* DATE **2/15/95**