

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

0361726

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 99 JAN 12 PM 3:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P95000030029**  
 1. Corporation Name  
**SOUTHEAST FLORIDA CARDIOLOGY, P.A.**

Principal Place of Business 5130 LINTON BLVD. SUITE F 4/5 DELRAY BEACH FL 33484	Mailing Address 5130 LINTON BLVD. SUITE F 4/5 DELRAY BEACH FL 33484
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/18/1995</b>
4. FEI Number <b>65-0586022</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**LIBOW, MARK**  
**5130 LINTON BLVD.**  
**SUITE 4/5**  
**DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
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	PD	<input type="checkbox"/> DELETE
NAME	LIBOW, MARK A.M.D.	
STREET ADDRESS	5130 LINTON BLVD, SUITE F 4/5	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LIBOW, MARK A.M.D.	
STREET ADDRESS	5130 LINTON BLVD, SUITE F 4/5	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COHEN, STEVEN M.D.	
STREET ADDRESS	5130 LINTON BLVD, SUITE F 4/5	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>800002740778--4</b>
1.4 CITY-ST-ZIP	<b>-01/14/99--01006--002</b>
2.1 TITLE	<b>***150.00</b> <input type="checkbox"/> <del>***150.00</del>
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 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, with all other like empowered.

SIGNATURE: Mark Libow m. LIBOW Date: 1/5/99 Day/Time Phone #: 561-496-1228

CR2E034 (1/1/98)