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FILED

Feb 16 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 # P95000070066 (2)

1. Corporation Name

MIAMI CARDIOVASCULAR GROUP, P.A.

Principal Place of Business

2801 S.W. 37TH AVENUE
SUITE 701
MIAMI FL 33131

Mailing Address

2801 S.W. 37TH AVENUE
SUITE 701
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/12/1995

4. FEI Number

65-0677925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 7500 S.W. 8th St

Suite, Apt. #, etc.

22 203

City & State

23 MIAMI, FL

Zip

24 33144

Country

2a. Mailing Address

26 P.O. Box 001260

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33144

Country

9. Name and Address of Current Registered Agent

CARUNCHO & MUR, P.A.
2800 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ORLANDO LOPEZ-FERNANDEZ

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

7500 SW 8th STREET

83

SUITE # 203

84 City

MIAMI

FL

85 Zip Code

33144

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

2/6/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME LOPEZ, LEONARDO M.D.
STREET ADDRESS 2801 S.W. 37TH AVENUE, SUITE 701
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME PERON, EDUARDO M.D.
STREET ADDRESS 9195 S.W. 72ND ST., SUITE 200
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ DELETE

NAME LOPEZ-FERNANDEZ, JR., ORLANDO M.D.
STREET ADDRESS 7500 S.W. 8TH STREET, SUITE 203
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 incorporator 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:

✓ 2/23/98

CR2E034 (10/97)