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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000071306 (1) DOCUMENT #

ASSOCIATES IN PEDIATRIC CARDIOLOGY, P.A.

Principal Place of Business Mailing Address 5325 GREENWOOD AVENUE, SUITE 302 5325 GREENWOOD AVENUE, SUITE 302 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0615889 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BAYRON, HARRY M.D. 5325 GREENWOOD AVENUE, SUITE 302 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 **В**3 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) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BAYRON, HARRY M.D. NAME 12 NAME 7439 PIONEER RD. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33413 CITY-ST-ZIP 1.4 CITY-ST-ZIP ___ Addition DELETE Change TITLE 2.1 TITLE DUBOIS, RENATO M.D. 2.2 NAME 5325 GREENWOOD AVENUE, SUITE 302 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 in a tretiment with an address.

SIGNATURE: