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Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093506 (0)

1. Corporation Name

MIAMI CARDIOVASCULAR ASSOCIATES, P.A.

Principal Place of Business

8950 N KENDALL DR  
SUITE 606 601  
MIAMI FL 33176

Mailing Address

8950 N KENDALL DR  
SUITE 606 601  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1995

4. FEI Number

65-0622565

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

2a. Mailing Address

21 8950  
Suite, Apt. #, etc.

26 8950 N. Kendall Drive  
Suite, Apt. #, etc.

22  
City & State

27 601  
City & State

23  
Zip Country

28 Miami FL  
Zip Country

24  
Country

29 33176 30 Dade

9. Name and Address of Current Registered Agent

COEL, MARK A ESQ.  
4000 HOLLYWOOD BLVD.  
SUITE 350, NORTH TOWER  
HOLLYWOOD FL 33021

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	PD	1.1 TITLE	Bernard Schrage
NAME	YEH, BILLY MD	1.2 NAME	8950 N. Kendall Dr #601
STREET ADDRESS	8950 N. KENDALL DR. STE 606	1.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	Paul H. Siegel, MD
NAME	COLLINS, MICHAEL MD	2.2 NAME	8950 N. Kendall Dr #601
STREET ADDRESS	8950 N KENDALL DR. STE 606	2.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	8950 N. Kendall Dr
NAME	BLACHER, LAWRENCE MD	3.2 NAME	#601
STREET ADDRESS	8950 KENDALL DR. STE 606	3.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	8950 N. Kendall Dr
NAME	HAMBURG, CURTIS MD	4.2 NAME	#601
STREET ADDRESS	8950 N. KENDALL DR. STE 606	4.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	QUESADA, RAMON MD	5.2 NAME	
STREET ADDRESS	8950 N. KENDALL DR. STE 606	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBERTS, JONATHON S MD	6.2 NAME	8950 N. Kendall Drive #601
STREET ADDRESS	8950 N. KENDALL DR. STE 606	6.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	MIAMI FL 33176	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.

SIGNATURE:

CURTIS HAMBURG

1/29/98

305-279-4500

CR2E034 (10/97)