

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 037 ***150.00

DOCUMENT # P95000093553

1. Entity Name
SOUTH FLORIDA CARDIOLOGY GROUP, INC.



Principal Place of Business
**1100 SW 57 AVE
SUITE 202
MIAMI, FL 33144**

Mailing Address
**7700 N KENDALL DR
405
MIAMI, FL 33156**



2. Principal Place of Business

3. Mailing Address

01062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0859616

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEITMAN, LORN
7700 N KENDALL DR
SUITE 405
MIAMI, FL 33156**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARQUEZ, ANTONIO MD	
STREET ADDRESS	1100 SW 57 AVE #202	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASTORIZA, JORGE MD	
STREET ADDRESS	9193 S.W. 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTES, JOAQUIN MD	
STREET ADDRESS	434 SW 12TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, HUGO MD	
STREET ADDRESS	9193 S.W. 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, PEDRO M.D.	
STREET ADDRESS	434 S.W. 12TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04
Date

Daytime Phone #