

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

FILED

Apr 07 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 # P96000070744 (3)
1. Corporation Name
MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.



Principal Place of Business Mailing Address
2627 NE 203RD STREET #208 2627 NE 203RD STREET #208
AVENTURA FL 33180 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 13412 SW 128 ST.		08/26/1996	
22 City & State		27 MIAMI, FLORIDA		4. FEI Number	
23 Zip		28 33186		65-0691863	
24 Country		29 U.S.A		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MURDOCK, CHRISTINE 2627 NE 203RD STREET #208 AVENTURA FL 33180		B1 Name PERRIN COY B2 Street Address (P.O. Box Number is Not Acceptable) 13412 SW 128 ST B3 B4 City MIAMI FL B5 Zip Code 33186	

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 *Perrin Coy* PERRIN COY, CFO

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	VD
NAME	CONCEPCION, GIL	1.2 NAME	
STREET ADDRESS	1321 NW 14TH STREET #305	1.3 STREET ADDRESS	1990 SW 27 AVE, STE 200
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE	VD	2.1 TITLE	PD
NAME	COY, KEVIN	2.2 NAME	
STREET ADDRESS	4307 ALTON ROAD #840	2.3 STREET ADDRESS	4701 MERIDIAN AVE, STE 7450A
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	SD	3.1 TITLE	D
NAME	ING, ALBERT	3.2 NAME	
STREET ADDRESS	777 EAST 25TH STREET #306	3.3 STREET ADDRESS	7150 W 20 AVE, STE 110
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	TD	4.1 TITLE	
NAME	SCHEIB, RONALD J	4.2 NAME	
STREET ADDRESS	4701 MERIDIAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 record 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:

32898

305-673-0601

CR2E034 (10/97)