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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070744

1. Corporation Name

MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.

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

Mailing Address
13412 SW 128TH ST
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

65-0691863

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 12900 SW 133 CT

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33186

Country

25 U.S.A.

2a. Mailing Address

26 12900 SW 133 CT

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33186

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

COY, PERRIN
13412 SW 128TH ST
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

12900 SW 133 CT

83

84 City

MIAMI

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME CONCEPCION, GIL
STREET ADDRESS 1990 SW 27TH AVE, STE 200
CITY-ST-ZIP MIAMI FL 33145

TITLE PD
NAME COY, KEVIN
STREET ADDRESS 4701 MERIDIAN AVE, STE 7450A
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D
NAME ING, ALBERT
STREET ADDRESS 7150 W 20TH AVE, STE 110
CITY-ST-ZIP HIALEAH FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9085 SW 87 Ave Ste 205
1.4 CITY-ST-ZIP MIAMI, FL 33176

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 2627 NE 203 ST, Ste 208
4.4 CITY-ST-ZIP MIAMI, FL 33180

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS TOTO, ANDREW
5.4 CITY-ST-ZIP 601 N. FLAMINGO Road, Ste 407
Pembroke Pines, FL 33028

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

305-673-0601

Daytime Phone #