

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000070744**

1. Entity Name

MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90062 009 ***158.75

023827

Principal Place of Business

12900 SW 133 CT
MIAMI FL 33186

Mailing Address

12900 SW 133 CT
MIAMI FL 33186
US

2. Principal Place of Business

10720 CARIBBEAN BLVD

Suite, Apt. #, etc.

STE 420

City & State

MIAMI FL

Zip

33189

Country

USA

3. Mailing Address

10720 CARIBBEAN BLVD

Suite, Apt. #, etc.

STE 420

City & State

MIAMI FL

Zip

33189

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0691863

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COY, PERRIN
12900 SW 133 CT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

10720 CARIBBEAN BLVD

STE 420

City

MIAMI

FL

Zip Code

33189

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD
NAME CONCEPCION, GIL
STREET ADDRESS 9085 SW 87 AVE #205
CITY-ST-ZIP MIAMI FL 33176 ☐ DeleteTITLE PD
NAME COY, KEVIN
STREET ADDRESS 4701 MERIDIAN AVE, STE 7450A
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ DeleteTITLE D
NAME ING, ALBERT
STREET ADDRESS 7150 W 20TH AVE, STE 110
CITY-ST-ZIP HIALEAH FL 33016 ☐ DeleteTITLE S
NAME BAZZI, ALI
STREET ADDRESS 2627 NE 203 ST #208
CITY-ST-ZIP MIAMI FL 33180 ☐ DeleteTITLE T
NAME TOTO, ANDREW
STREET ADDRESS 601 N. FLAMINGO RD #407
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ DeleteTITLE D
NAME MARCOLIS, JAMES
STREET ADDRESS 4701 MERIDIAN AVE STE 440
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RICHARD BERGER
STREET ADDRESS 4701 MERIDIAN AVE, STE 3103
CITY-ST-ZIP MIAMI, FL 33140 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN M. COY

4-9-01

Date

305-673-0601

Daytime Phone #

CR2E034 (10/00)