

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90019 048 ***158.75

0298419 AV

DOCUMENT # P96000070744

1. Entity Name
MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.

Principal Place of Business
10720 CARIBBEAN BLVD #420
MIAMI FL 33189

Mailing Address
10720 CARIBBEAN BLVD #420
MIAMI FL 33189
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0691863

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

COY, PERRIN
10720 CARIBBEAN BLVD #420
MIAMI FL 33189

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME CONCEPCION, GIL
STREET ADDRESS 9085 SW 87 AVE #205
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS BERGER, RICHARD
CITY-ST-ZIP 4701 MERIDIAN AVE, STE 440
 MIAMI BEACH, FL 33140

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 W 20 AVE, STE 401
CITY-ST-ZIP HIALEAH, FL 33016

TITLE S ☐ Delete
NAME BAZZI, ALI
STREET ADDRESS 2627 NE 203 ST #208
CITY-ST-ZIP MIAMI FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME TOTO, ANDREW
STREET ADDRESS 601 N. FLAMINGO RD #407
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARCOLIS, JAMES
STREET ADDRESS 4701 MERIDIAN AVE STE 440
CITY-ST-ZIP MIAMI FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)