

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90035 044 ***158.75

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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**

94031807



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004 Chg-P CR2E034 (10/03)

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. 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

11. 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
STREET ADDRESS
CITY-ST-ZIP

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 **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 **MARGOLIS, JAMES**
STREET ADDRESS **4701 MERIDIAN AVE STE 440**
CITY-ST-ZIP **MIAMI, FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN COY, M.D.

3-16-04

Date

305-673-0601

Daytime Phone #