

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 001 ***158.75

40051330



03202008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0691863

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # P96000070744

1. Entity Name
**SOUTH FLORIDA INTERNATIONAL CARDIOLOGY
CONSULTANTS, INC.**



Principal Place of Business
**3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137**

Mailing Address
**3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**COY, PERRIN
3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONCEPCION, GIL	
STREET ADDRESS	3801 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COY, KEVIN	
STREET ADDRESS	3801 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAZZI, ALI	
STREET ADDRESS	21097 NE 27 CT, STE 100	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOTO, ANDREW	
STREET ADDRESS	601 N. FLAMINGO RD #407	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGOLIS, JAMES	
STREET ADDRESS	3801 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERGER, RICHARD	
STREET ADDRESS	3801 BISCAYNE BLVD STE 300	
CITY-ST-ZIP	MIAMI, FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-21-08

Date

305-571-0620

Daytime Phone #