

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90199 012 \*\*\*158.75

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0691863**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 **D** ☒ Delete  
NAME **ING, ALBERT**  
STREET ADDRESS **7150 W 20 AVE STE 401**  
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE ☒ Change ☐ Addition  
NAME **MARGOLIS, JAMES**  
STREET ADDRESS  
CITY-ST-ZIP

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 RE NEWUNITEDCOY, m.d**

**4-21-03**

**305-673-0601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)