FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

CITY-ST-ZIA

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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DOCUMENT # P96000074656 (5)

TAMPA BAY CARDIOLOGY NETWORK, INC.

920 OAKFIELD DRIVE #A 320 OAKFIELD DRIVE #A **BRANDON FL 33511** BRANDON FL 33511-5729 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 01620 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes VNo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, THOMAS B 150 SECOND AVENUE NORTH #1100 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 83 84 City Zip Code 65 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRINDENT, TREASURER . DELETE TITLE 1.1 TITLE ☐ Change Addition BAKARANIA, MAGAN L NAME 1.2 NAME 320 OAKFIELD DRIVE #A 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 14 CITY-ST-ZIP VICE PRESIDENT, SECRETA DELETE TITLE 21 1/ILE Change __ Addition SABANA YAGAM THANGAM NAME 22 NAME OAKFIED DR HA STREET ADDRESS 2.3 STREET ADDRESS

64 (ITY-ST-ZIP

14. Ido 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 annual report or supplemental annual 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 trustere empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 DITY-ST-7IP

3.4. CITY - ST - ZiP

31 TITLE

3.2 NAME

4 1 1HLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 HILLE

6.2 NAME

DELETE

DELETE

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DELETE

Margar / Roll

President 1/27/57 87

873-689 1911

Change

Change

Change

Change

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Addition

Addition

Addition

(96/6)

FILED

May 06 1997 8:00am

Secretary of State