

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085859 (2)

1. Corporation Name

CATHGUIDE CORPORATION

Principal Place of Business

Mailing Address

11024 S.W. 77TH COURT CIRCLE  
MIAMI FL 33156

11024 S.W. 77TH COURT CIRCLE  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/17/1996

4. FEI Number

Applied For

65-0708581

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 4608 S.W. 74 AVENUE

2a. Mailing Address

26 SAME AS IN 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28

Zip

24 33155

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, MARK F ESQ.  
201 S. BISCAYNE BLVD.  
SUITE 2800  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☒ DELETE

NAME KIRWAN AVELLANET, ARLENE  
STREET ADDRESS 11024 S.W. 77TH COURT CIRCLE  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE

CHAIRMAN  
KIRWAN AVELLANET, ARLENE  
34 LYONS PLAINS RD  
WESTPORT, CT 06890

☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME BUCHENHORN, MICHAEL ESQ.  
STREET ADDRESS 4801 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33146

2.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MARQUEZ, JOSE L M.D.  
STREET ADDRESS 1547 ALEGRIANO  
CITY-ST-ZIP CORAL GABLES FL 33140

3.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KALLMAN, BRANDON M.D.  
STREET ADDRESS 5005 COLLINS AVE., SUITE 1508  
CITY-ST-ZIP MIAMI BEACH FL 33140

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

PRESIDENT & CEO  
FRANK J. AVELLANET  
1261 VENETIA AVE.  
CORAL GABLES, FL 33134

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

14. I do 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 trustee 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.

CR2E034 (4/97)