

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90058 040 \*\*\*150.00

DOCUMENT # P97000001773

1. Corporation Name

FLORIDA CARDIAC NETWORK II, INC.

Principal Place of Business

14320 BRUCE B. DOWNS BLVD.  
TAMPA FL 33613

Mailing Address

14320 BRUCE B. DOWNS BLVD.  
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number 59-3483723

Applied For

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MILLER, EDWARD L  
14320 BRUCE B. DOWNS BLVD.  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name R. Andrew Rock

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

401 East Jackson Street  
Suite 2500

84 City Tampa, Florida

FL

85 Zip Code 33602

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

R. Andrew Rock

R. ANDREW ROCK

1/11/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WOODROW, THOMAS W  
STREET ADDRESS 14320 N BRUCE B DOWNS BLVD  
CITY-ST-ZIP TAMPA FL 33613

☐ DELETE

TITLE D  
NAME POPE, JAMES E  
STREET ADDRESS 14320 N BRUCE B DOWNS BLVD  
CITY-ST-ZIP TAMPA FL 33613

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, V  
1.2 NAME Thomas W. Woodrow  
1.3 STREET ADDRESS 14320 N. Bruce B. Downs Boulevard  
1.4 CITY-ST-ZIP Tampa, Florida 33613

☒ Change ☐ Addition

2.1 TITLE D, P  
2.2 NAME James E. Pope  
2.3 STREET ADDRESS 14320 N. Bruce B. Downs Boulevard  
2.4 CITY-ST-ZIP Tampa, Florida 33613

☒ Change ☐ Addition

3.1 TITLE D, S  
3.2 NAME Roberto P. Medina  
3.3 STREET ADDRESS 14320 N. Bruce B. Downs Boulevard  
3.4 CITY-ST-ZIP Tampa, Florida 33613

☐ Change ☒ Addition

4.1 TITLE D, T  
4.2 NAME Hal J. Applebaum  
4.3 STREET ADDRESS 14320 N. Bruce B. Downs Boulevard  
4.4 CITY-ST-ZIP Tampa, Florida 33613

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (1/98)