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Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P97000022543

1. Corporation Name

Cardiology Services, P.A.

Principal Place of Business / Mailing Address

8950 North Kendall Drive
Suite 302
Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/97

4. FEI Number: 65-0636127 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21 8950 North Kendall Drive
Suite, Apt. # etc.
22 Suite 601
City & State
23 Miami, FL 33176
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. # etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Mark A. Coel
1946 Tyler Street
Hollywood, FL 33021

10. Name and Address of New Registered Agent

81 Name: Mark A. Coel
82 Street Address (P.O. Box Number is Not Acceptable): ~~4000 Hollywood Blvd.~~
83 Suite 350 North
84 City: Hollywood FL 85 Zip Code: 33021

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] April 2, 1998 DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☐ Change XX Addition
1.2 NAME	Robert Karl	
1.3 STREET ADDRESS	8950 N. Kendall Dr., #601	
1.4 CITY-ST-ZIP	Miami, FL 33176	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I hereby certify that the information ... Section 117.07(3)(a), Florida Statutes. I further certify that the information ... has the same legal effect as if made under oath; that I am an ... Chapter 607, Florida Statutes; and that my name appears in ...

SIGNATURE: [signature] April 14, 1998 Robert Karl, M.D. 305/279-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)