## 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

## DOCUMENT # **P97000037631**1. Corporation Name

MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS BILLI NG, INC.

Principal Place of Business

Mailing Address

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90023 026 \*\*\*158.75



13412 S.W. 1281 MIAMI FL 33186		13412 S.W. 128TH STREET MIAMI FL 33186		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
				04/28/1997		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21 129	00. SW-133-C-T-==	26 12900 SW	<u>133_C.1</u>	65-0747822		Applicable -
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	1
City & State  City & State  City & State  City & MIAM   F1			1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	· .
Zip 33	Country	zip 29 33/86 30	Country U.S.A	<ol> <li>This corporation owes the current year to Personal Property Tax.</li> </ol>	ntangible Yes	□No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent						
81 Name						
COY, PERRIN L;				Address (P.O. Box Number is Not Acceptable)		
13412 S.W. 1281H STREET				2900 SW 133 CT		
MIAMI FL 33186						
			84 City	niam i F	L 85 Zip (	Code /86
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 a	nd title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	COY, KEVIN M		1.2 NAME			
STREET ADDRESS	4701 MERIDIAN AVE, STE. 7450-	A	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33145		1.4 CITY-ST-ZIP	MIAMI BEACH, Fl 33140		
TITLE	T	C) DELETE	2.1 TITLE		Change	☐ Addition
NAME	CONCEPCION, GILBERT					i
STREET ADDRESS	-1990-SW-27TH AVE, 2ND FLOOF	}	2.3 STREET ADDRESS	=9085 SW 87 Ave, Ste 2	. <u>v</u> s	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	miami F1 33176		
TITLE	S	☐ DELETE	3.1 TITLE	,	Change	Addition
NAME	ING, ALBERT		3.2 NAME			
STREET ADDRESS	7150 W 20TH AVE, STE 110		3.3 STREET ADDRESS			Ì
CITY-ST-ZIP	HIALEAH FL 33016		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	- 1.00	☐ Change	Addition
NAME .			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			}
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 supplied ental 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 of 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 a attachment with an address, with all other like empowered.

SIGNATURE: