


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000037631</b>	
1. Entity Name <b>MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS BILLING, INC.</b>	

Principal Place of Business <b>10720 CARIBBEAN BLVD STE 420 MIAMI, FL 33189</b>	Mailing Address <b>10720 CARIBBEAN BLVD STE 420 MIAMI, FL 33189</b>
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**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0747822</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COY, PERRIN L ; 10720 CARIBBEAN BLVD STE 420 MIAMI, FL 33189</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COY, KEVIN M 4701 MERIDIAN AVE, STE. 7450-A MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONCEPCION, GILBERT 9085 SW 87 AVE #205 MIAMI, FL 33176
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03/18/04-80026-018 158.75

**DO NOT WRITE  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>KEVIN COY, M D</b>	<b>3-16-04</b>	<b>305-673-0601</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #