

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 026 ***158.75

DOCUMENT # P97000037631

1. Entity Name
**MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS
BILLING, INC.**



Principal Place of Business
**10720 CARIBBEAN BLVD
STE 420
MIAMI, FL 33189**

Mailing Address
**10720 CARIBBEAN BLVD
STE 420
MIAMI, FL 33189**

50013875

2. Principal Place of Business

**3801 BISCAYNE BLVD
STE 300**

3. Mailing Address

**3801 BISCAYNE BLVD
STE 300**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

Zip

33137

Country

USA

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0747822

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COY, PERRIN L ;
10720 CARIBBEAN BLVD STE 420
MIAMI, FL 33189**

7. Name and Address of New Registered Agent

Name

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

3801 BISCAYNE BLVD.

STE 300

City

MIAMI

FL

Zip Code

33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COY, KEVIN M**
STREET ADDRESS **4701 MERIDIAN AVE, STE. 7450-A**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **T** ☐ Delete
NAME **CONCEPCION, GILBERT**
STREET ADDRESS **9085 SW 87 AVE #205**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3801 BISCAYNE BLVD STE 300**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3801 BISCAYNE BLVD, STE 300**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN COY

4-17-06

Date

305-571-0620

Daytime Phone #