


FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 050 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000010333					
1. Corporation Name CARDIOVASCULAR CONSULTANTS OF TAMPA BAY, P.A.					
Principal Place of Business 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL			Mailing Address 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2727 W. Martin Luther King Blvd Suite, Apt. #, etc.			2a. Mailing Address 26 2727 W. Martin Luther King Blvd Suite, Apt. #, etc.		
22 Suite 800 City & State			27 Suite 800 City & State		
23 Tampa, FL Zip			28 Tampa, FL Zip		
24 33607			29 33607		
Country			Country		
25 Hillsborough			30 Hillsborough		
3. Date Incorporated or Qualified 01/30/1998			4. FEI Number 650814258		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Name and Address of Current Registered Agent ROIG, RICARDO A 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	President	<input type="checkbox"/> DELETE			
NAME	Dr. Peter Alagona				
STREET ADDRESS	2727 W. Martin Luther King Jr. Blvd				
CITY-ST-ZIP	Tampa, FL 33607				
TITLE	Secretary	<input type="checkbox"/> DELETE			
NAME	Dr. Sami Elchahal				
STREET ADDRESS	2727 W. Martin Luther King Jr. Blvd				
CITY-ST-ZIP	Tampa, FL 33607				
TITLE	Treasurer	<input type="checkbox"/> DELETE			
NAME	Dr. Sami Elchahal				
STREET ADDRESS	2727 W. Martin Luther King Jr. Blvd				
CITY-ST-ZIP	Tampa, FL 33607				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 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

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)