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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000037707**

1. Corporation Name

FLORIDA COASTAL CARDIOLOGY, P.A.

| 1 20111071  | oonene omboecut,  |  |   |  |  |                                     |                           |  |
|---|---|--|---|--|--|-------------------------------------|---------------------------|--|
| Principal Place   | e of Business   | Mailing Address  |   |  |  |                                     | 1 68111 1681 1881         |  |
| 20 ISLAND WAY 20 ISLAND WAY   |   |  |   |  |  |                                     |                           |  |
| EAST POINT FL 32328 EAST POINT FL 32328   |   |  |   |  |  | Q                                   |                           |  |
|   |   |  |   |  | DO NOT WRITE IN T  | HIS SPACE                           |                           |  |
|   |   |  |   |  | 3. Date Incorporated or Qualifed 04/27/1998  |                                     |                           |  |
|   | lace of Business  | 2a. Mailing Address  |   |  | 4. FEI Number  |                                     | pplied For                |  |
| 74 16th Street  |   | 74 16th Street   |   | 59-3507399   | N  | lot Applicable                      |                           |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   | 5. Certifcate of Status Desired  | ·  | Additional                          |                           |  |
| 22  |   | 27   |   |  | 5. Sertificate of Chalast Society  | Fee F                               | Required                  |  |
| City & State  |   | City & State   |   | 6. Election Campaign Financing   |  | May Be                              |                           |  |
| 23 Apalachicola, FL   |   | 28 Apalachicola, FL  |   | Trust Fund Contribution  | Added  | to Fees                             |                           |  |
| Zip<br>3232   | Country 25  | Zip<br>32320   | Count<br>30   | ry   | <ol> <li>This corporation owes the current year<br/>Personal Property Tax.</li> </ol>  | Intangible<br>Yes                   | □No                       |  |
| .=-,1   | 9. Name and Address of Current  | Registered Agent   |   |  | 10. Name and Address of New Register   | ed Agent                            |                           |  |
| A41 41 4  | AND CURICTORIER I   |  | 8   | 1 Name   |  |                                     |                           |  |
| NULAND, CHRISTOPHER L<br>1000 RIVERSIDE AVE. STE. 200   |   |  | 8   | 2 Street A   | Street Address (P.O. Box Number is Not Acceptable)   |                                     |                           |  |
| JACK  | KSONVILLE FL 32204  |  | 8   | 3  |  |                                     |                           |  |
|   |   |  | 8   | 4 City   |  | 85 Zip                              | Code                      |  |
| office or re  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligati | of Florida. Such change was au                                   | itnonzea b  | y the corpo  | corporation submits this statement for the purposoration's board of directors. I hereby accept the approximation is a comparation of the purposoration of th | of changing it<br>pointment as i    | s registered<br>egistered |  |
| CIONATURE   | SHE-5   | LANA? DAS  | 111.  | AH) 4  | 1-28-99 RESIDENT   |                                     |                           |  |
| SIGNATURE   | Signature, typed or printed name of registered agent  | iana? das  | ハレレ・  | AH) 4  | equired when reinstating) DATE   |                                     |                           |  |
| SIGNATURE   | Signature, typed or printed name of registered agent OFFICERS AND   | and title if applicable. (NOTE:                                  | ハレレ・  | AH) 4  |  | AND DIRECT                          |                           |  |
|   | OFFICERS AND  | and title if applicable. (NOTE:                                  | ハレレ・<br>Registered Ag   | gent signature re  | equired when reinstating) DATE   |                                     |                           |  |
| 12.   | OFFICERS AND<br>SANAULLAH, SHEZAD   | and title if applicable. (NOTE: D DIRECTORS                      | A しし Registered Ag  | gent signature re  | equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                          |                           |  |
| 12.   | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | and title if applicable. (NOTE: D DIRECTORS                      | Registered Ag 13. 1.1 TITLE   | gent signature re  | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT                          | Addition                  |  |
| 12.<br>TITLE<br>NAME  | OFFICERS AND<br>SANAULLAH, SHEZAD   | and title if applicable. (NOTE: D DIRECTORS                      | Registered Ag 13. 1.1 TITLE   | ent signature re   | equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                          | ☐ Addition                |  |
| 12. TITLE NAME STREET ADDRESS   | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | and title if applicable. (NOTE: D DIRECTORS                      | Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STREE   | gent signature re  | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT                          | ☐ Addition                |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | CAS SANA: and title if applicable. (NOTE: D DIRECTORS            | Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-  | jent signature re  | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT                          | ☐ Addition                |  |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | and title if applicable. (NOTE: D DIRECTORS  DELETE              | Registered A <sub>6</sub> 13.  1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME  | jont signature re  | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT  A Change  a 323  Change | Addition                  |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | and title if applicable. (NOTE: D DIRECTORS  DELETE              | Registered A <sub>6</sub> 13.  1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME  | ent signature re  EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS  | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT  A Change  a 323  Change | 29 Addition               |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D SANAULLAH, SHEZAD 100 PIERCE STREET STE. 209  | and title if applicable. (NOTE: D DIRECTORS  DELETE              | Registered A <sub>6</sub> 13.  1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE   | et ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS   | ADDITIONS/CHANGES TO OFFICERS  74 16th Street  | AND DIRECT  A Change  a 323  Change | 29 Addition               |  |
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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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SHEZAGREANANLL AN
OF SIGNING OFFICER OR DIRECTOR