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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31613 (0)

1. Corporation Name

ADVANCED CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

1800 W EAU GALLIE BLVD
#103
MELBOURNE FL 32935
US

1800 W EAU GALLIE BLVD
#103
MELBOURNE FL 32935
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1991

4. FEI Number

59-3054603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2290 W EAU GALLIE BLVD

Suite, Apt. #, etc.

22 200

City & State

23 Melbourne FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 2290 W EAU GALLIE BLVD

Suite, Apt. #, etc.

27 200

City & State

28 Melbourne FL

Zip

29 32935

Country

30 USA

9. Name and Address of Current Registered Agent

KAHN, MICHAEL H.
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GADODIA, GOPAL
STREET ADDRESS 1800 W EAU GALLIE BLVD #103
CITY-ST-ZIP MELBOURNE FL

TITLE DVST ☐ DELETE

NAME DESAI, SHASHIN R
STREET ADDRESS 1800 W EAU GALLIE BLVD #103
CITY-ST-ZIP MELBOURNE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Same ☐ Change ☐ Addition

12 NAME Same

13 STREET ADDRESS 2290 W EAU GALLIE BLVD STE 200

14 CITY-ST-ZIP SAME

21 TITLE SAME ☐ Change ☐ Addition

22 NAME SAME

23 STREET ADDRESS 2290 W EAU GALLIE BLVD STE 200

24 CITY-ST-ZIP SAME

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

CR2E004 (10/97)