FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$31613

 Corporation 	n Name							
	ED CARDIOLOGY ASSOCIA	ATES, P.A.						
,							H a il Dhail Eigh i	
Principal Place	e of Business	Mailing Address				10, 11,000 1111 01011 1		
2290 WEST EAU GALLIE BLVD 2290 W EAU GALLIE BLVD								
STE 200 STE 200 MELBOURNE FL 32935 MELBOURNE FL 32935					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					02/13/1991			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	···	Ap	plied For
21		26			59-3054603		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desire	d 🗆	\$8.75	
22	4	27					Fee Re	
City & State	е	City & State			6. Election Campaign Financ	ing 🔲	•	May Be
23			Country		Trust Fund Contribution		Added	to rees
Zip	Country 25		30	′	This corporation owes the Personal Property Tax.	current year im	Yes	□No
24	9. Name and Address of Currer		101	·	10. Name and Address of No	w Registered		
	3. Halle and Address of Garter	A CONTROL OF THE PROPERTY OF T	81	Name			_ 	
KAH	N, MICHAEL H.		82	04	ess (P.O. Box Number is Not Acc	ontoblo)		
	N. HARBOR CITY BLVD.		82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
MELI	BOURNE FL 32935		83					
			04		, in		85 Zip	Code
			84	City		FL	- 05 Zip	Code
44 Duramant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	o pamed com	oration submits this statement for	the purpose of	changing its	registered
H. Pursuam	to the providence of courses	72 dila 001.1000, 11011da 0101dib	s, are above	e-named corp		acont the conc		
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	inorized by	the corporation	on's board of directors. I hereby a	ccept the appoi	intment as re	egisterea
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inorized by	the corporation	on's board of directors. I hereby a	ccept the appoi	intment as re	egistered
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligations are stated as a signature, typed or printed name of registered age	of Florida, Such change was autations of, Section 607.0505, Floridations of the interest of th	thorized by da Statutes Registered Ager	the corporation	on s board of directors. I hereby a	DATE	mument as re	gistered
office or reagent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridant and title if applicable. (NOTE: FIND DIRECTORS	thorized by da Statutes Registered Ager	the corporations.	on's board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or reagent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of the interest of th	Registered Ager 13. 1.1 TITLE	the corporations.	on s board of directors. I hereby a	DATE	mument as re	gistered
office or reagent. I at SIGNATURE 12. TIRE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation o	Registered Ager 13. 1.1 TITLE 1.2 NAME	the corporations.	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of registered age OFFICERS AN DP GADODIA, GOPAL 2290 W EAU GALLIE BLVD, ST	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation o	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	the corporations.	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation of Fricers and OFFICERS AND DP GADODIA, GOPAL 2290 W EAU GALLIE BLVD, STATELBOURNE FL	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation o	Registered Ager 13. 1.1 TITLE 1.2 NAME	the corporations.	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation (NOTE: FIND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	the corporations.	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation of t	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corporations.	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation of t	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the floridation of t	Table 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 2.4 CITY-S 2.4 CITY-S 2.5 C	T ADDRESS	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12
office or raggent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the first section of the first s	Table 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12 Addition
office or raggent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the first section of the first s	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12 Addition
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS	on s board of directors. I hereby a	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the first section of the first s	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	ND DIRECTO	DRS IN 12 Addition
office or raggent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or raggent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or raggent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or raggent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or raggent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridation of, Section 607.0505, Floridation 607.0505, Floridation 607.0505, Floridation 6	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or raggent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREE 5.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	on s board of directors. I hereby a	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

(404) 255-1500

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90034 012 ***150.00