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

0208285

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90057 030 ***150.00

DOCUMENT # **S62936**

1. Corporation Name
SOUTH FLORIDA CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4302 ALTON ROAD. SUITE 690 MIAMI BEACH FL 33140	4302 ALTON ROAD. SUITE 690 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 06/24/1991

4. FEI Number: 65-0270114 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORP
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Health Care 2000
82 Street Address (P.O. Box Number is Not Acceptable): 250 W 63rd Street
83: Suite 10E
84 City: Miami Beach **FL** 85 Zip Code: 33140

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: ERIC WELBER — 1/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHNUR, STEVEN		1.2 NAME		
STREET ADDRESS	4302 ALTON ROAD, STE 690		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GASSO, JULIUS		2.2 NAME		
STREET ADDRESS	4302 ALTON RD, STE 690		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRICHMAR, PERRY		3.2 NAME		
STREET ADDRESS	4302 ALTON RD, STE 690		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, LOUIS		4. 2 NAME		
STREET ADDRESS	4302 ALTON RD, STE 690		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HURWIT, HANDRE		5.2 NAME		
STREET ADDRESS	4302 ALTON RD, STE 690		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	CHUG, HENRY		6.2 NAME	CHUA HENRY	
STREET ADDRESS	4302 ALTON RD #690		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: ERIC WELBER — 1/12/99 — 305-535-1675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #