

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001471860
-05/02/95--01158--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V43056 (3)

1. Corporation Name

SOUTH FLORIDA CARDIOVASCULAR, INC.

Principal Place of Business

9735 NW 49TH TER
MIAMI FL 33178

Mailing Address

9735 NW 49TH TER
MIAMI FL 33178

3. Date Incorporated or Qualified
06/12/1992

3a. Date of Last Report
01/31/1994

2. Principal Place of Business

21 5910 NW 63rd Way
Suite, Apt. #, etc.

2a. Mailing Address

26 5910 NW 63rd Way
Suite, Apt. #, etc.

4. FEI Number
65-0349358

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 Parkland, FL

27 City & State

28 PARKLAND, FL

24 Zip

25 33067

Country

25 FLA

29 Zip

29 33067

Country

30 USA

9. Name and Address of Current Registered Agent

SCHAUM, MARK
2300 CORPORATE BLVD NW #137
BOCA RATON FL 33431

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]

AS ABOVE IN #9

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	SCALA, GERALD A	9735 NW 49TH TER	MIAMI FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
D	GERALD A SCALA	5910 NW 63rd Way	PARKLAND, FL 33067	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

GERALD A. SCALA

Date

1/25/95

800 8528297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Checklist Item 8