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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V55106

(1)

1. Corporation Name
INTERVENTIONAL CARDIOLOGY ASSOCIATES OF SOUTH FLORIDA P.A.

ORIDA, P.A.							
Principal Place of Business	Mailing Address			J 18846 BILBEL BILAN BEIDI HARIL OBLI	A Biti Alaii Biaii	E1611 61611 41	#II BIBIT 1981
4900 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313	4900 WEST OAKLAND FT. LAUDERDALE FL						
			3	, Date Incorporated or Qualified 07/30/1992		of Last Rep / <b>22/199</b> 5	•
2. Principal Place of Business	2a. Mailing Address		4	, FEI Number		<b>⊢</b>	pplied For
	26			65-0348491			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5	. Certificate of Status Desired			Additional tequired
City & State	City & State		6	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country	Zip	Country	8	. This corporation has lability for		x under s	199.032,
25	29	30		Florida Statutes Ye  Name and Address of New		Scent	
9. Name and Address of Curre	ent Registered Agent	81 1	Name	). Name and Address of New	Heftigreten y	igen.	
					·		
KHAN, ASLAM M. 4900 WEST OAKLAND PARK BLVD.		82 8	Street Address (	P.O. Box Number is Not Accepta	able;		
FT. LAUDERDALE FL 33313		83					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 (	City		FL	<b>85</b> Zip	Code
<ol> <li>Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fic familiar with, and accept the obligations of, Se SIGNATURE</li> </ol>	onda. Such change was author ection 607.0605, Florida Statute	ized by the corpora	med corporation ation's board of	submits this statement for the p directors. I hereby accept the ap		nging its re registered	egistered offic agent. I am
Signature, typed or printed name of registered ag		NOTE Registered Agent se	onunit required when	relestating)	DATE		50 11 10
ACC ACIDA 4	ND DIDEOTODO	140			EICERS AND	DIRECTOR	38 IN 12
16.	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR  Charige	Addition
HITLE D	ND DIRECTORS	13. 1. 1 TITLE 1.2 NAME			FICERS AND		
ITILE D KHAN, ASLAM M.	DELETE	1. 1 TITLE	DDRESS		FICERS AND		
ITLE D  KHAN, ASLAM M.  4900 W. OAKLAND PK. BLV	DELETE	1. 1 TITLE 1.2 NAME	i		FICERS AND		Addition
TITLE D  WHAN, ASLAM M.  STREET ADORESS OTTY-ST-ZIP  T. LAUDERDALE FL	DELETE	1. 1 TITLE 1.2 NAMS 1.3 STREET AG	i		[		
TITLE D  WAME KHAN, ASLAM M.  4900 W. OAKLAND PK. BLY  FT. LAUDERDALE FL	<b>√D</b> .	1. 1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-	i		[	Cnarige	Addition
TITLE D  WAMME KHAN, ASLAM M.  4900 W. OAKLAND PK. BLY  FT. LAUDERDALE FL  WAME	<b>√D</b> .	1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 City-St-2 2.1 Title	7.P		[	Cnarige	Addition
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TITLE D  WHAN, ASLAM M.  4900 W. OAKLAND PK. BLY  FT. LAUDERDALE FL  WAME  STREET ADDRESS  CITY-S1-ZIP  DITLE	<b>√D</b> .	1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-SI-J 2.1 TITLE 2.2 NAME 2.3 STREET AD 2.4 CITY-SI-J 3.1 TITLE	Z.P DORESS			Cnarige	Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Daylore France I