

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 13 AM 10:18

DOCUMENT # F45747 (5)

1. Corporation Name

CITRUS CARDIOLOGY CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

318 SOUTH LINE AVENUE
 INVERNESS FL 32652

318 SOUTH LINE AVENUE
 INVERNESS FL 32652
 34452

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/01/1981**
 3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2123944

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 198.052, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVAGE, KENNETH L., M.D.
318 SOUTH LINE AVE.
INVERNESS FL 32652 34452

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 607.1506, 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

Kenneth L. Savage
 Signature of current registered agent and agent and the if applicable

NOTE: Registered Agent signature required when re-registering!

DATE

6/8/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SAVAGE, KENNETH L.M.D.
STREET ADDRESS	318 SOUTH LINE AVE.
CITY - ST - ZIP	INVERNESS FL
TITLE	V
NAME	MARTIN, SHARON D. M.D.
STREET ADDRESS	318 SOUTH LINE AVENUE
CITY - ST - ZIP	INVERNESS FL
TITLE	Secretary/Treas.
NAME	WALKER, Dennis J., MD
STREET ADDRESS	318 S. LINE AVE
CITY - ST - ZIP	Inverness, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	S/T WALKER, Dennis J., MD
3 3 STREET ADDRESS	318 S LINE AVE
3 4 CITY - ST - ZIP	Inverness, FL 34452
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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(3)(a), 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 person 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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Savage
Kenneth L. SAVAGE, MD

6/8/95

9047268353