

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 34452
US**

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2123944

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

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 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 607.1508, 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SAVAGE, KENNETH L.M.D.**
STREET ADDRESS **318 SOUTH LINE AVE.**
CITY- ST- ZIP **INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **MARTIN, SHARON D. M.D.**
STREET ADDRESS **318 SOUTH LINE AVENUE**
CITY- ST- ZIP **INVERNESS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **WALKER, DENNIS J MD**
STREET ADDRESS **318 S LINE AVE**
CITY- ST- ZIP **INVERNESS FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

7.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

8.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Savage, MD 2/5/96 904-726-8353

CR2E034 (12/95)