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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**318 SOUTH LINE AVENUE
INVERNESS FL 32652**

Mailing Address

**318 SOUTH LINE AVENUE
INVERNESS FL 34452-4606
US**

**308 W. HIGHLAND BLVD.
INVERNESS, FL. 34452**

**308 W. HIGHLAND BLVD.
INVERNESS, FL. 34452**

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 308 W. HIGHLAND BLVD

2a. Mailing Address

26 308 W. HIGHLAND BLVD.

4. FEI Number
59-2123944

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 INVERNESS, FL.

City & State

28 INVERNESS, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 34452

Country

25 USA

Zip

29 34452

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAVAGE, KENNETH L. M.D.

**318 SOUTH LINE AVE/
INVERNESS FL 34452**

**308 W. HIGHLAND BLVD.
INVERNESS, FL. 34452**

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

Kenneth L. Savage MD

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SAVAGE, KENNETH L.M.D.**
STREET ADDRESS **318 SOUTH LINE AVE. 308 W. HIGHLAND BLVD.**
CITY- ST- ZIP **INVERNESS FL**

TITLE **V** ☐ DELETE
NAME **MARTIN, SHARON D. M.D.**
STREET ADDRESS **318 SOUTH LINE AVENUE 308 W. HIGHLAND BLVD**
CITY- ST- ZIP **INVERNESS FL**

TITLE **ST** ☐ DELETE
NAME **WALKER, DENNIS J MD**
STREET ADDRESS **318 S LINE AVE // 308 W. HIGHLAND BLVD.**
CITY- ST- ZIP **INVERNESS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: *X*

Kenneth L. Savage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/97

CR2E034 (9/96)