


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 308 W. HIGHLAND BLVD INVERNESS FL 34452 US	Mailing Address 318 SOUTH LINE AVENUE INVERNESS FL 34452 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1981	
21	Suite, Apt. #, etc.	26	308 W. Highland Blvd.	4. FEI Number 59-2123944	
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	Inverness Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	Zip	30	Country		

9. Name and Address of Current Registered Agent SAVAGE, KENNETH L., M.D. 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

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

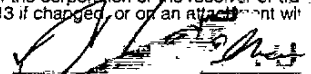
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, KENNETH L.M.D.	1.2 NAME	
STREET ADDRESS	308 W. HIGHLAND BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	34452
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, SHARON D. M.D.	2.2 NAME	
STREET ADDRESS	308 W. HIGHLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	34452
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, DENNIS J MD	3.2 NAME	
STREET ADDRESS	308 W. HIGHLAND BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	34452
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RAFIK ABADIER, MD
STREET ADDRESS		4.3 STREET ADDRESS	308 W. HIGHLAND BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GISELA TRIGO, MD
STREET ADDRESS		5.3 STREET ADDRESS	308 W. HIGHLAND BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 of trust property of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE:

 REQUIRED 1-23-98

726-8353

CR2E034 (10/97)