Secretary of State 1998 Division of corporations OCCUMENT # F45747 (5) Citrus cardiology consultants, p.a. Mailing Address Mailing Address Mailing Address We HighLand BLVD 318 court Line Avenue NverNess FL 34452 State		PROFIT RPORATION			ARTMENT OF STATE	FILED Jan 30 1998 8:00am
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SAVAGE, KENNETH L., M.D. 308 W. HIGHLAND BLVD INVERNESS FL 34452 84 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 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, 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, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, and accept the appointment as registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State of Florida, Statutes, and agentus registered agent, or both, in the State agent agentus registered agent, or both, in the State agent age	-ih	25	29	34452		Personal Property Tax due June 30. 🕅 Yes 🔲 No
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hereby certify that the information supplied with this filing qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	OTICE OF I agent. I a agent. I a iNA TURE E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	registered agent, or both, in mr familiar with, and accept Signalure, typed or protect name of re OFFIC PD SAVAGE, KENNETH L 308 W. HIGHLAND BI INVERNESS FL V MARTIN, SHARON D. 308 W. HIGHLAND BI INVERNESS FL ST WALKER, DENNIS J M 308 W. HIGHLAND BI	Ine state of Florida the obligations of, gistered agent and tide if CERS AND DIRECT M.D. 	A. Such change was Section 607.0505, F applicable. (NO ORS DELETE DELETE	84 City Ites, the above-named authorized by the cor- lorida Statutes. TE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME	Image: Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [N 12 Image: Change MAddition 34452 Image: Change MAddition 34452 Image: Change Image: Change MAddition 354952 Image: Change V 34452 Image: Change MAddition Jose Work HightLAND BLVD. Image: Change Image: Change MAddition 308 Work HightLAND BLVD. Image: Change Image: Change: MAddition Image: Change 308 Work HightLAND BLVD. Image: Change 308 Work HightLAND BLVD. Image: Change: MAddition 308 Work HightLAND BLVD.