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

FILED
May 23 1996 8:00 am
Secretary of State

DOCUMENT # **635968** **(1)**

1. Corporation Name

CARDIO-THORACIC SURGICAL ASSOCIATES OF ST. PETER SBURG, P.A.

Principal Place of Business	Mailing Address
666 SIXTH STREET SOUTH SUITE 101 ST PETERSBURG FL 33701 US	666 SIXTH STREET SOUTH SUITE 101 ST PETERSBURG FL 33701 US

As of 6/1/96 ↓

2. Principal Place of Business 21 603 7th Street South	2a. Mailing Address 26 ← same as
Suite, Apt. #, etc. 22 450	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg Fla	City & State 28
Zip / Country 24 33701 25 USA	Zip / Country 29 30

3. Date Incorporated or Qualified 09/02/1979	3a. Date of Last Report 03/16/1995
4. FEI Number 59-1928821	☐ 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
DAICOFF, GEORGE R 666 SIXTH STREET SOUTH SUITE 101 ST. PETERSBURG FL 33701	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAICOFF, GEORGE R		1.2 NAME	
STREET ADDRESS	666 SIXTH STREET SOUTH, SUITE 101		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOTERO, LUIS M		2.2 NAME	
STREET ADDRESS	666 SIXTH STREET SOUTH, SUITE 101		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	QUINTESSENZA, JAMES A		3.2 NAME	
STREET ADDRESS	666 SIXTH STREET SOUTH, SUITE 101		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VANGELDER, HUGH M		4.2 NAME	
STREET ADDRESS	666 SIXTH STREET SOUTH, SUITE 101		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(3)(k), 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: Serge De. cm President 5/20/96 (813)822-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #