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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **635968** (1)
1. Corporation Name
**CARDIO-THORACIC SURGICAL ASSOCIATES OF ST. PETER
SBURG, P.A.**

Principal Place of Business 603 7TH STREET SOUTH 450 ST. PETERSBURG FL 33701 US	Mailing Address 603 7TH STREET SOUTH 450 ST. PETERSBURG FL 33701-4704 US
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3. Date Incorporated or Qualified 09/02/1979	3a. Date of Last Report 05/23/1996
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DAICOFF, GEORGE R
666 SIXTH STREET SOUTH
SUITE 101
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	603 7th Street So.
83. Suite	450
84. City	St. Petersburg
85. Zip Code	FL 33701

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	☐ 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 603 Seventh St So #450	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP St. Petersburg FL 33701	
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 603 7th St So #450	
CITY-ST-ZIP ST PETERSBURG FL		2.4 CITY-ST-ZIP St. Petersburg FL 33701	
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 603 7th St. So. #450	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP St. Petersburg FL 33701	
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 603 7th St. So. #450	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP St. Petersburg FL 33701	
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	

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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

(813) 822-6666
Date Daytime Phone #

CR2E034 (9/96)