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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 PM 12:19

DOCUMENT # H19574 (3)

1. Corporation Name

GEORGE THOMAS, M.D., BALLARD F. SMITH, JR., M.D.
, BRADENTON CARDIOLOGY CENTER, P.A.

Principal Place of Business	Mailing Address
% GEORGE THOMAS, M.D. 203 3RD AVE E. BRADENTON FL 34208	% GEORGE THOMAS, M.D. 203 3RD AVE E. BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1984
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2440279 ☐ 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	2a. Mailing Address
21	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

THOMAS, GEORGE, M.D.
203 3RD AVE E.
BRADENTON FL 34208

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 _____ 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	DS	1.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, BALLARD F., JR.	1.2 NAME	DELETE
STREET ADDRESS	203 3RD AVE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, GEORGE	2.2 NAME	
STREET ADDRESS	203 3RD AVENUE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MONTALVO, ALBERTO	3.2 NAME	
STREET ADDRESS	203 3RD AVENUE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PIZZO, ANTHONY	4.2 NAME	
STREET ADDRESS	203 3RD AVENUE, EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Philip D. Troyer
STREET ADDRESS		5.3 STREET ADDRESS	203 3rd Ave. E.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bradenton, Fl. 34208
TITLE		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 is voluntarily furnished and 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 addition.

SIGNATURE: [signature] 1/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Daytime Phone #
George Thomas, M.D.

0340030 GP