

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K05602** (3)

1. Corporation Name  
**HEART CENTER OF SARASOTA, INC.**



Principal Place of Business: % DEBORAH L. CHANDLER, 1540 S. TAMiami TRAIL, SARASOTA FL 34239  
Mailing Address: % DEBORAH L. CHANDLER, 1540 S. TAMiami TRAIL, SARASOTA FL 34239

3. Date Incorporated or Qualified: 12/04/1987  
3a. Date of Last Report: 03/08/1995  
4. FEI Number: 65-0018203  
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 State, Apt. #, etc.; 22 City & State; 23 Zip, Country; 24  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip, Country; 29, 30

9. Name and Address of Current Registered Agent

FRENCH, C. TED E  
1750 RINGLING BOULEVARD  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0602 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NATARAJAN, PONNUSWAMY	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1950 ARLINGTON ST.	2. NAME:	
STREET ADDRESS:	SARASOTA FL	3. STREET ADDRESS:	
CITY-STATE-ZIP:		4. CITY-STATE-ZIP:	
TITLE: DVP	HARTMAN, RANDY B.	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1950 ARLINGTON ST.	6. NAME:	
STREET ADDRESS:	SARASOTA FL	7. STREET ADDRESS:	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP:	
TITLE: DS	LISS, GEOFFREY	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1950 ARLINGTON ST.	10. NAME:	
STREET ADDRESS:	SARASOTA FL	11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE: DT	CULP, JOHN	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1540 S. TAMiami TRAIL	14. NAME:	
STREET ADDRESS:	SARASOTA FL	15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	
TITLE: D	BREDLAU, CLAYTON	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1540 S. TAMiami TRAIL	18. NAME:	
STREET ADDRESS:	SARASOTA FL	19. STREET ADDRESS:	
CITY-STATE-ZIP:		20. CITY-STATE-ZIP:	
TITLE:		21. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY-STATE-ZIP:		24. CITY-STATE-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)(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 attached sheet with my address.

SIGNATURE: *Randy B. Hartman, MD.*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96  
DATE

CR2E034 (12/95)