

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34239-2940
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3. Date Incorporated or Qualified 12/04/1987	3a. Date of Last Report 02/20/1996
4. FEI Number 65-0018203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

B. Name and Address of Current Registered Agent
**-FRENCH, G. TED E-
-1750 RINGLING BOULEVARD-
-SARASOTA FL 34236-**

10. Name and Address of New Registered Agent
81 Name **Ruden, McClosky, Smith, Schuster & Russell, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1549 Ringling Boulevard
83 **Suite 600**
84 City **Sarasota** FL 85 Zip Code **34236**

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 *John M. Doak, V. Pres.* DATE **3/20/97**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NATARAJAN, PONNUSWAMY	
STREET ADDRESS	1950 ARLINGTON ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HARTMAN, RANDY B.	
STREET ADDRESS	1950 ARLINGTON ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LISS, GEOFFREY	
STREET ADDRESS	1950 ARLINGTON ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CULP, JOHN	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREDLAW, CLAYTON	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *R. N. ...* DATE: **4-10-97** DAYTIME PHONE #: **941-365-0433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)