

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 2:59**

**DOCUMENT # P93000048650 (4)**

1. Corporation Name

**HEART ASSOCIATES OF SOUTHWEST FLORIDA, P.A.**

Principal Place of Business

**1390 ROYAL PALM SQUARE BLVD.  
FORT MYERS FL 33919**

Mailing Address

**1390 ROYAL PALM SQUARE BLVD.  
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/12/1993** 3a. Date of Last Report **02/18/1994**

4. FEI Number **65-0422232** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**RUBIN, MICHAEL R  
1390 ROYAL PALM SQUARE BLVD.  
FT MYERS FL 33919**

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

Signature, typed or printed name of registered agent next line if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>HAGGMAN, DALE L</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<b>D</b>
NAME	<b>HON, HENRY H</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<b>D</b>
NAME	<b>ROSEN, JEFFREY H</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<b>D</b>
NAME	<b>RUBIN, MICHAEL R</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<b>D</b>
NAME	<b>SENSECUA, JAMES E</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>
TITLE	<b>D</b>
NAME	<b>ZIEGLER, EDWARD C</b>
STREET ADDRESS	<b>1390 ROYAL PALM SQUARE BLVD.</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33919</b>

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*Signature of Michael R. Rubin*  
SIGNATURE OR TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/7/95** **813-936-1663**  
DATE TELEPHONE #