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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051777 (8)**

1. Corporation Name

HEART CARE CENTERS, P.A.



Principal Place of Business

Mailing Address

**290 MICHIGAN AVE.
MELBOURNE FL 32901-3158**

**290 MICHIGAN AVE.
MELBOURNE FL 32901-3158**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THAREJA, SUBHASH K M.D.
290 MICHIGAN AVE.
MELBOURNE FL 32901-3158**

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 and filed appropriate

(NOTE: Registered Agent signature required when no change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	THAREJA, SUBHASH K M.D.	
STREET ADDRESS	290 MICHIGAN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901-3158	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAJAJ, SANDEEP M.D.	
STREET ADDRESS	290 MICHIGAN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901-3158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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***200.00**

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
5/14/96

SUBHASH THAREJA M.D.

DATE: _____ OFFICIAL POSITION: _____

CR2E034 (12/95)

5-1-96 OK