

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 # P95000049348 (2)

1. Corporation Name

CENTRAL FLORIDA HEART CENTER, P.A.



Principal Place of Business

Mailing Address

4780 NE 60TH TERRACE  
SILVERSPRINGS FL 34488

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SILVERSPRINGS FL 34488

3. Date Incorporated or Qualified  
06/23/1995

3a. Date of Last Report  
NA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3321229

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABCOCK, RONALD  
4780 NE 60TH TERRACE  
SILVERSPRINGS FL 34488

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 officer if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	DRESEN, WILLIAM F	
STREET ADDRESS	2840 SE THIRD STREET #100	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, RONALD	
STREET ADDRESS	5780 SW 20TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D/S/T	<input type="checkbox"/> DELETE
NAME	MITTAL, VIJAY K	
STREET ADDRESS	2801 SW COLLEGE ROAD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAI, SWAROOP	
STREET ADDRESS	307 SW 14TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	STONE, IRA M	
STREET ADDRESS	5780 SW 20TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/P	<input checked="" 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	D/S/T	<input checked="" 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	V/O	<input checked="" 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 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: X

Signature typed or printed name of signing officer or director  
WILLIAM F DRESEN

Date

Daytime Phone #

CR2E034 (12/95)