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Feb 26, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049348

1. Corporation Name  
CENTRAL FLORIDA HEART CENTER, P.A.

Principal Place of Business

3310 SW 34TH ST  
OCALA FL 34474  
US

Mailing Address

3310 SW 34TH ST  
OCALA FL 34474  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

59-3321229

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

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 Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

BABCOCK, RONALD J  
3310 SW 34TH ST  
OCALA FL 34474

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME DRESEN, WILLIAM F.  
STREET ADDRESS 3310 SW 34TH ST  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME FOX, RONALD  
STREET ADDRESS 3310 SW 34TH ST  
CITY-ST-ZIP Ocala FL

TITLE DST  
NAME MITTAL, VIJAY K.  
STREET ADDRESS 3301 SW 34TH ST  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME RAI, SWAROOP  
STREET ADDRESS 3310 SW 34TH ST  
CITY-ST-ZIP Ocala FL

TITLE DV  
NAME STONE, IRA M.  
STREET ADDRESS 3310 SW 34TH ST  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME YUTANI, FREDRICK  
STREET ADDRESS 3310 SW 34TH ST  
CITY-ST-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME JAYANTI PANCHAL  
1.3 STREET ADDRESS 3310 SW 34TH ST  
1.4 CITY-ST-ZIP Ocala, FL 34474

2.1 TITLE D  
2.2 NAME SRINIVASA MURTHY  
2.3 STREET ADDRESS 3310 SW 34TH ST  
2.4 CITY-ST-ZIP Ocala FL 34474

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *William F. Dreese MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

Daytime Phone #

CR2E034 (1-1/98)