

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V27587 (7)  
1. Corporation Name  
SPACE COAST HEART INSTITUTE, INC.



Principal Place of Business 1600 W EAU GALLIE BLVD #103 MELBOURNE FL 32935 US	Mailing Address 1600 W EAU GALLIE BLVD #103 MELBOURNE FL 32935 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2290 W EAU GALLIE BLVD Suite, Apt. #, etc. 22 200 City & State 23 Melbourne FL Zip 24 32935 Country 25 USA	2a. Mailing Address 26 2290 W EAU GALLIE BLVD Suite, Apt. #, etc. 27 200 City & State 28 Melbourne FL Zip 29 32935 Country 30 USA	3. Date Incorporated or Qualified 04/06/1992 4. FEI Number 59-3119395 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent NICHOLAS, JAMES M. 1901 S. HARBOR CITY BLVD. SUITE 705 MELBOURNE FL 32901	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GADODIA, GOPAL 1600 W EAU GALLIE BLVD #103 MELBOURNE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Same Same 2290 W EAU GALLIE BLVD STE 200 Melbourne FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP VST DESAI, SHASHIN R. 1600 W EAU GALLIE BLVD #103 MELBOURNE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Same Same 2290 W EAU GALLIE BLVD STE 200 Melbourne FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DESAI, SHASHIN R. 1600 W. EAU GALLIE BLVD, #103 MELBOURNE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Same Same 2290 W EAU GALLIE BLVD STE 200 Melbourne FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS 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.

SIGNATURE: SHASHIN R. DESAI 11-23-98 (111) 225-1570

CR2E034 (10/97)