FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **481393** **(7)**

1. Corporation Name
CARDIAC SURGICAL ASSOCIATES OF SOUTHWEST FLORIDA , M.D., P.A.

Principal Place of Business
[redacted]
US

Mailing Address
[redacted]
US

3. Date Incorporated or Qualified: 08/01/1975
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2675 Winkler Avenue
Suite, Apt. #, etc.
22 Suite 440
City & State
23 Fort Myers, Florida
Zip 24 33901
Country 25 U.S.

2a. Mailing Address
26 2675 Winkler Avenue
Suite, Apt. #, etc.
27 Suite 440
City & State
28 Fort Myers, Florida
Zip 29 33901
Country 30

4. FEI Number: 59-1613079 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
STEIER, MICHAEL E., M.D.
[redacted]
FT. MYERS FL 33901

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 2675 Winkler Avenue
03 Suite 440
04 City Fort Myers FL 05 Zip Code 33901

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PASCOTTO, ROBERT D.
STREET ADDRESS	6910 OLD WHISKEY CRK DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	PD
NAME	STEIER, MICHAEL E.
STREET ADDRESS	1235 FLORIDA
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD
NAME	SIDELL, PETER
STREET ADDRESS	6918 OLD WHISKEY CREEK
CITY-ST-ZIP	FT. MYERS FL
TITLE	TD
NAME	METKE, MICHAEL P.
STREET ADDRESS	6451 CASA DEL RIO
CITY-ST-ZIP	FT. MYERS FL
TITLE	VD
NAME	STAPLETON, DENNIS J.
STREET ADDRESS	13960 BLENHEIM TRAIL
CITY-ST-ZIP	FT. MYERS FL
TITLE	VD
NAME	HUMMEL, BRIAN W
STREET ADDRESS	5550 SHADDELEE LANE
CITY-ST-ZIP	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: ✓ [signature] President 4-19-95 813-939-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael E Steier

0033400 CP