

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 481393 (7)

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



Principal Place of Business
2675 WINKLER AVENUE
SUITE# 440
FORT MYERS FL 33901
US

Mailing Address
2675 WINKLER AVENUE
SUITE#440
FORT MYERS FL 33901
US

3. Date Incorporated or Qualified 08/01/1975
3a. Date of Last Report 04/21/1995

4. FEI Number 59-1613079
Applied For
Not Applicable

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 9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

STEIER, MICHAEL E., M.D.
2675 WINKLER AVENUE, SUITE#440
FT. MYERS FL 33901

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, if applicable,

(Not if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
VD ☐ DELETE
NAME PASCOTTO, ROBERT D.
STREET ADDRESS 6910 OLD WHISKEY CRK DR.
CITY-STATE-ZIP FT. MYERS FL
TITLE PD ☐ DELETE
NAME STEIER, MICHAEL E.
STREET ADDRESS 1235 FLORIDA
CITY-STATE-ZIP FT. MYERS FL
TITLE SD ☐ DELETE
NAME SIDELL, PETER
STREET ADDRESS 6918 OLD WHISKEY CREEK
CITY-STATE-ZIP FT. MYERS FL
TITLE TD ☐ DELETE
NAME METKE, MICHAEL P.
STREET ADDRESS 8451 CASA DEL RIO
CITY-STATE-ZIP FT. MYERS FL
TITLE VD ☐ DELETE
NAME STAPLETON, DENNIS J.
STREET ADDRESS 13960 BLENHEIM TRAIL
CITY-STATE-ZIP FT. MYERS FL
TITLE VD ☐ DELETE
NAME HUMMEL, BRIAN W
STREET ADDRESS 5550 SHADDELEE LANE
CITY-STATE-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-STATE-ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)