

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90148 041 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # 481393**

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



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**59-1613079**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**STEIER, MICHAEL E., M.D.**  
**2675 WINKLER AVENUE, SUITE#440**  
**FT. MYERS FL 33901**

10. Name and Address of New Registered Agent  
 81 Name **BRIAN W. HUMMEL, MD**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2675 WINKLER AVENUE**  
 83 **SUITE 440**  
 84 City **FORT MYERS** FL 85 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: *Brian Hummel* 4-23-99 DATE

12. OFFICERS AND DIRECTORS

TITLE	VD PD	<input type="checkbox"/> DELETE
NAME	PASCOTTO, ROBERT D.	
STREET ADDRESS	6910 OLD WHISKEY CRK DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEIER, MICHAEL E.	
STREET ADDRESS	1235 FLORIDA	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIDELL, PETER	
STREET ADDRESS	6918 OLD WHISKEY CREEK	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	METKE, MICHAEL P.	
STREET ADDRESS	8451 CASA DEL RIO	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAPLETON, DENNIS J.	
STREET ADDRESS	13960 BLENHEIM TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMMEL, BRIAN W	
STREET ADDRESS	826 CAL COVE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<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		<input 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		<input 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 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 a power of attorney.

SIGNATURE: *Brian Hummel* 4-23-99 DATE

CR2E034 (1/98)