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Apr 27, 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 # 481393

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1975

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. 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*

Signature, typed or printed name of registered agent, no title applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VD PD  
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 8451 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 826 CAL COVE DR  
CITY-ST-ZIP FORT MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 a power like empowered.

SIGNATURE: *Brian Hummel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)