

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 041 ***150.00

40074216



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1613079 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DOCUMENT # 481393

1. Entity 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

2. Principal Place of Business
8010 Summerlin Lakes Drive
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
8010 Summerlin Lakes Drive
Suite, Apt. #, etc.
Suite 100

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

Zip
33907 Country
US

Zip
33907 Country
US

6. Name and Address of Current Registered Agent

HUMMEL, BRIAN W
3675 WINKLER AVE
STE 440
FT. MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
HUMMEL, BRIAN W

Street Address (P.O. Box Number is Not Acceptable)
8010 Summerlin Lakes Drive, Suite 100

City
Fort Myers FL Zip Code
33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PASCOTTO, ROBERT D. 6910 OLD WHISKEY CRK DR. FT. MYERS, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD METKE, MICHAEL P. 14200 ROYAL HARBOUR CT #901 FORT MYERS, FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STAPLETON, DENNIS J. 13960 BLENHEIM TRAIL FT. MYERS, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HUMMEL, BRIAN W 10070 MAGNOLIA POINT FORT MYERS, FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHULTZ, SCOTT 762 LYNNMORE LANE NAPLES, FL 34108 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | VP BUSS, RANDALL W 8010 Summerlin Lakes Drive, Suite 100 Fort Myers, FL 33907 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* 4-25-06 (239) 939-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #