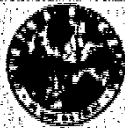


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 481394 (5)

1. Corporation Name

SOUTHWEST FLORIDA HEART GROUP, P.A.

Principal Place of Business

**8540 COLLEGE PKWY
FT. MYERS FL 33919
US**

Mailing Address

**8540 COLLEGE PKWY
FT. MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1614114

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**

7. This corporation has liability for intangible tax under 3. 128.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**DAVIS, RICHARD H.
8540 COLLEGE PKWY
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	DAVIS, RICHARD H. M.D.	8540 COLLEGE PKWY FT. MYERS FL	
SD	CHAZAL, RICHARD M.D.	8540 COLLEGE PKWY FT. MYERS FL	
VD	HOFFMAN, ELIOT, B. MD	8540 COLLEGE PKWY FT MYERS FL	
TD	WEST, STEVEN, MD	8540 COLLEGE PKWY FT MYERS FL	
VD	CONRAD, JAMES A. M.D.	8540 COLLEGE PKWY FORT MYERS FL	
VD	TOGGART, EDWARD J. M.D.	8540 COLLEGE PKWY FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementing 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 authorized to execute this report as required by Chapter 007, 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

DAY/MONTH/YEAR