

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1975	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1614114	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

81 Name
Chazal, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable)
8540 College Pkwy.
83
84 City
Ft. Myers FL 85 Zip Code
33919

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 *Richard A. Chazal* RICHARD A. CHAZAL, PRESIDENT 2-13-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD H. M.D.	1.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAZAL, RICHARD. M.D.	2.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ELIOT, B. MD	3.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, STEVEN, MD	4.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, JAMES A. M.D.	5.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOGGART, EDWARD J. M.D.	6.2 NAME	
STREET ADDRESS	8540 COLLEGE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	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.

SIGNATURE: *Richard A. Chazal* 2-13-98 1941 433 8888

CR2E034 (10/97)

Southwest Florida Heart Group, P.A.
#59-1614114

Document #481394

Item 12 Officers and Directors (continued)

VD

Danzig, Michael, M.D.
8540 College Parkway
Ft. Myers, FL

VD

Dansby, Horace, III, M.D.
8540 College Parkway
Ft. Myers, FL

VD

Schwartz, Daniel, M.D.
8540 College Parkway
Ft. Myers, FL

VD

Burton, M. Erick, M.D.
8540 College Parkway
Ft. Myers, FL

VD

Axline, David, M.D.
8540 College Parkway
Ft. Myers, FL