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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90256 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 481394

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CHAZAL, RICHARD A  
8540 COLLEGE PKWY  
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 PD  
NAME DAVIS, RICHARD H. M.D.  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FT. MYERS FL  
☒ DELETE

TITLE SD  
NAME CHAZAL, RICHARD M.D.  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FT. MYERS FL  
☐ DELETE

TITLE VD  
NAME HOFFMAN, ELIOT, B. MD  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FT MYERS FL  
☐ DELETE

TITLE TD  
NAME WEST, STEVEN, MD  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FT MYERS FL  
☐ DELETE

TITLE VD  
NAME CONRAD, JAMES A. M.D.  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FORT MYERS FL  
☐ DELETE

TITLE VD  
NAME TOGGART, EDWARD J. M.D.  
STREET ADDRESS 8540 COLLEGE PKWY  
CITY-ST-ZIP FORT MYERS FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-27-99 ✓ 941 433 8866

CR2E034 (11/98)