

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90388 007 \*\*\*150.00

**DOCUMENT # 481394**



1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1614114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHAZAL, RICHARD A  
8540 COLLEGE PKWY  
FT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	CHAZAL, RICHARD . M.D.	8540 COLLEGE PKWY	FT. MYERS, FL	<input type="checkbox"/>
PD	HOFFMAN, ELIOT, B, MD	8540 COLLEGE PKWY	FT MYERS, FL	<input type="checkbox"/>
VD	WEST, STEVEN, MD	8540 COLLEGE PKWY	FT MYERS, FL	<input type="checkbox"/>
VD	CONRAD, JAMES A. M.D.	8540 COLLEGE PKWY	FORT MYERS, FL	<input type="checkbox"/>
VD	AXLINE, DAVID M.D.	8540 COLLEGE PARKWAY	FORT MYERS, FL	<input type="checkbox"/>
SEE ATTACHMENT				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr 04

239 433 8888

Date

Daytime Phone #

*Attachment*

*44040944*

**ATTACHMENT**

**DOCUMENT #481394**

**SOUTHWEST FLORIDA HEART GROUP, P.A.**

**FEI# 59-1614114**

**ADDITIONAL OFFICERS AND DIRECTORS**

PD

BURTON, M. ERICK, M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

DANZIG, MICHAEL D., M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

KLINE, LAWRENCE A., M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

MILES, WILLIAM M., M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

SCHWARTZ, DANIEL R., M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

SPIKER, HERMAN L., M.D.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919

VD

HANNA, PAUL A.  
8540 COLLEGE PKWY  
FT MYERS, FL 33919