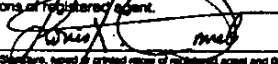


FILED
Jun 22, 2006 8:00 am
Secretary of State

05-03-2006 90205 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #481394		
1. Entity Name SOUTHWEST FLORIDA HEART GROUP, P.A.		
Principal Place of Business 8540 COLLEGE PKWY FT. MYERS, FL 33919 US 446 AIRPORT RD. FROSTPROOF, FL 33843		Mailing Address 8540 COLLEGE PKWY FT. MYERS, FL 33919 US P.O. BOX 1242 FROSTPROOF FL 33843
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GHAZAL, RICHARD A 8540 COLLEGE PKWY FT. MYERS, FL 33919		LOUIS X. AMATO 446 AIRPORT RD FROSTPROOF, FL 33843
8. The above named entity subscribes 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  LOUIS X. AMATO 4/24/06 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO CHAZAL, RICHARD M.D. 8540 COLLEGE PKWY FT. MYERS, FL	TRUSTEE: LOUIS X. AMATO 446 AIRPORT RD. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTOS, CARLO D MD 8540 COLLEGE PKWY FORT MYERS, FL 33919	NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANNON, BRIAN A MD 8540 COLLEGE PKWY FORT MYERS, FL 33919	NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONRAD, JAMES A. M.D. 8540 COLLEGE PKWY FORT MYERS, FL	NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AXLINE, DAVID M.D. 8540 COLLEGE PARKWAY FORT MYERS, FL	NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, M ERICK MD 8540 COLLEGE PKWY FORT MYERS, FL 33919	NONE
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:  LOUIS X. AMATO CHAPTER 11 TRUSTEE 4/24/06 635-4000 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #		