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	Mailing Address
~~8540 COLLEGE PKWY~~ ~~FT. MYERS, FL 33919 US~~ 446 AIRPORT RD FROSTPROOF, FL 33843	~~8540 COLLEGE PKWY~~ ~~FT. MYERS, FL 33919 US~~ P.O. BOX 1242 FROSTPROOF FL 33843

66020350

04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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~~
LOUIS X. AMATO
446 AIRPORT RD
FROSTPROOF, FL
33843

DO NOT WRITE IN THIS SPACE

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: LOUIS X. AMATO 4/24/06
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, 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	STD
NAME	CHAZAL, RICHARD . M.D.
STREET ADDRESS	8540 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS, FL

TRUSTEE:
LOUIS X. AMATO
446 AIRPORT RD. FROSTPROOF,
FL 33843

TITLE	VD
NAME	SANTOS, CARLO D MD
STREET ADDRESS	8540 COLLEGE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33919

NONE

TITLE	VD
NAME	HANLON, BRIAN A MD
STREET ADDRESS	8540 COLLEGE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33919

NONE

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

NONE

TITLE	VD
NAME	AXLINE, DAVID M.D.
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL

NONE

TITLE	PD
NAME	BURTON, M ERICK MD
STREET ADDRESS	8540 COLLEGE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33919

NONE

DO NOT WRITE IN THIS SPACE

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 (863)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #