

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

SEP 11 11 51 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 523564 (3)
 CLEARWATER CARDIOVASCULAR CONSULTANTS, M.D., P.A.

Principal Place of Business 1100 CLEARWATER-LARGO RD LARGO FL 34640	Mailing Address 1100 CLEARWATER-LARGO RD LARGO FL 34640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1707138	Applied For <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.	27. State, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**WILLIAMSON, MICHAEL D.
308 HARBORVIEW LN
LARGO FL 34640**

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 607.0507 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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUBANKS, DONALD R.	1.2 NAME	
STREET ADDRESS	302 BUTTONWOOD LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO FL	1.4 CITY, ST, ZIP	zip 34640
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, MICHAEL D	2.2 NAME	
STREET ADDRESS	308 HARBORVIEW LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO, FL 00000	2.4 CITY, ST, ZIP	zip 34640
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, PAUL L.	3.2 NAME	
STREET ADDRESS	3 AMBLESIDE DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	BELLAIR FL	3.4 CITY, ST, ZIP	zip 34616
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLASTEGUI, JOSE L.	4.2 NAME	
STREET ADDRESS	2233 DONATO DR	4.3 STREET ADDRESS	
CITY, ST, ZIP	BELLEAIR BCH FL	4.4 CITY, ST, ZIP	zip 34635
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 and the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears as Block 12 or 13 or if changed, or only in attachment with an address.

SIGNATURE: *Donald Eubanks*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (813) 586-0021
 (Date) (Telephone No.)