

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **523564** (3)

1. Corporation Name

**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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**01/12/1977**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-1707138**

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>EUBANKS, DONALD R.</b>	
STREET ADDRESS	<b>302 BUTTONWOOD LANE</b>	
CITY-STATE-ZIP	<b>LARGO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, MICHAEL D</b>	
STREET ADDRESS	<b>308 HARBORVIEW LANE</b>	
CITY-STATE-ZIP	<b>LARGO, FL 00000</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, PAUL L.</b>	
STREET ADDRESS	<b>3 AMBLESIDE DR</b>	
CITY-STATE-ZIP	<b>BELLAIR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLASTEGUI, JOSE L.</b>	
STREET ADDRESS	<b>2233 DONATO DR</b>	
CITY-STATE-ZIP	<b>BELLEAIR BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<b>ZIP 34640</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<b>ZIP 34640</b>
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<b>ZIP 34616</b>
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>V</b>
15. STREET ADDRESS	<b>SPRIGGS, DOUGLAS J.</b>
16. CITY-STATE-ZIP	<b>1612 HAMPTON LANE</b>
17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	<b>Y</b>
19. STREET ADDRESS	<b>SAFETY HARBOR, FL 34695</b>
20. CITY-STATE-ZIP	<b>ZIP 34635</b>
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>Y</b>
23. STREET ADDRESS	<b>LUCARELLA, VANESSA J.</b>
24. CITY-STATE-ZIP	<b>1540 GULF BLVD., #301</b>
25. TITLE	
26. NAME	<b>CLEARWATER, FL 34630</b>
27. STREET ADDRESS	
28. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Michael D. Williamson* Michael D. Williamson 4/25/96 (813) 586-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)