

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-4131
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3. Date Incorporated or Qualified 01/12/1977	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 455 Pinellas Street Suite, Apt. #, etc. 22 Suite 400 City & State 23 Clearwater, FL Zip 24 34616	2a. Mailing Address 26 455 Pinellas Street Suite, Apt. #, etc. 27 Suite 400 City & State 28 Clearwater, FL Zip 29 34616	30 U.S.A.	4. FEI Number 59-1707138 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WILLIAMSON, MICHAEL D. 308 HARBORVIEW LN LARGO FL 34840				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code	FL 33770		
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City							

11. Pursuant to the provisions of Sections 607.0502 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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	33770
TITLE	V <input type="checkbox"/> DELETE	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	33770
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	34616
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	33785
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRIGGS, DOUGLAS J	5.2 NAME	
STREET ADDRESS	1612 HAMPTON LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	34695
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCARELLA, VANESSA	6.2 NAME	
STREET ADDRESS	1540 GULF BLVD #301	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	34630

14. I do 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 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: Jose L. Gallastegui 4/18/97 813-445-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #

CR2E034 (9/96)