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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 523564 (3)
 1. Corporation Name
CLEARWATER CARDIOVASCULAR CONSULTANTS, M.D., P.A



Principal Place of Business: **455 PINELLAS STREET, 400, CLEARWATER FL 34616, US**
 Mailing Address: **455 PINELLAS ST, 400, CLEARWATER FL 34616, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **Suite 400, City & State**
 2a. Mailing Address: **Suite 400, City & State**
 23. Zip: **33756** Country: **25**
 29. Zip: **33756** Country: **30**

3. Date incorporated or Qualified: **01/12/1977**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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** Zip Code: **85 33770**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EUBANKS, DONALD R.	
STREET ADDRESS	302 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, MICHAEL D	
STREET ADDRESS	308 HARBORVIEW LANE	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILLIPS, PAUL L.	
STREET ADDRESS	3 AMBLESIDE DR	
CITY-ST-ZIP	BELLAIR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLASTEGUI, JOSE L.	
STREET ADDRESS	2233 DONATO DR	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRIGGS, DOUGLAS J	
STREET ADDRESS	1812 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUCARELLA, VANESSA	
STREET ADDRESS	1540 GULF BLVD #301	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33770
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33770
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34616
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33785
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	34695
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34630

14. I 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 a 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 in an attachment with an address.

SIGNATURE: *[Signature]* Jose Gallastegui: 4/13/98 (813) 445-1092

CP2E034 (10/97)