

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90187 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 523564

1. Corporation Name
CLEARWATER CARDIOVASCULAR CONSULTANTS, M.D., P.A



Principal Place of Business
**455 PINELLAS STREET
 STE 400
 CLEARWATER FL 33785
 US**

Mailing Address
**455 PINELLAS ST
 STE 400
 CLEARWATER FL 33756
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1977

4. FEI Number
59-1707138

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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
33756

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
33756

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUBANKS, DONALD R.	1.2 NAME	Sola, Richard
STREET ADDRESS	302 BUTTONWOOD LANE	1.3 STREET ADDRESS	3020 Turtlebrook
CITY-ST-ZIP	LARGO FL 33770	1.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, MICHAEL D	2.2 NAME	Williamson, Michael D.
STREET ADDRESS	308 HARBORVIEW LANE	2.3 STREET ADDRESS	308 Harborview Lane
CITY-ST-ZIP	LARGO, FL 00000 33770	2.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, PAUL L.	3.2 NAME	Phillips, Paul L.
STREET ADDRESS	3 AMBLESIDE DR	3.3 STREET ADDRESS	3 Ambleside Drive
CITY-ST-ZIP	BELLAIR FL 34616	3.4 CITY-ST-ZIP	Bellaire, FL 33756
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	BELLAIR BCH FL 33785	4.4 CITY-ST-ZIP	33786
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input 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 34695	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input 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 34630	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Michael D. Williamson* 4/21/99 (727) 445-1992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)