TITLE NAME SOLA, RICHARD SOLA, RICHARD SOLA, RICHARD SOLA, RICHARD SOLA, RICHARD STRET ADDRESS CITY-ST-ZIP TITLE P WILLIAMSON, MICHAEL D STRET ADDRESS CITY-ST-ZIP TITLE VP WILLIAMSON, MICHAEL D STRET ADDRESS CITY-ST-ZIP TITLE VI CE RESIDENT VI Change Addition NAME CITY-ST-ZIP CITY-ST-Z	DOCUMENT # 523564 1. Entity Name CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CON						Secretary of State 03-26-2002 90014 040 ***150.00						
SIGNATURE SIGNAT	SULTANT	S, M.D., P.A.											
STE 400 CLEARWATER PL 33756 US US US US US SUR. Apt 4, etc. City 6 Stato Cly 7 Stato Cly	,												
CLEARWAITER FL 33756 US 2. Principal Place of Business Suits, Apt. #, etc. City & State City & St		STREET					RAMANALA						
Suite, Apit, 4, etc. City & State City & S	CLEARWATER	FL 33756	CLEARWATER FL 33756	LEARWATER FL 33756			I CARLES DESIGNICATED COME AND DESIGNATED CONTRACTOR CO						
Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc.		Noon of Burinoss		lag Addrone									
City & Siste Country Country Country Country Country S. Certificate of Status Desired State Required S. Certificate of Status Desired State Required File Siste Address (F.O. Box Number is Not Acceptable) City CLEARLUBTER FL Zip Code AVENUE Signature Special register of Inspectation of Changing Its registered office or registered agent, or both, in the State of Florida. SIGNATURE File Requirement and elects to do so. Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter May 1, 2002 Fee will be \$550.00 Tay (filing requirement and elects to do so.) Anter Ma	z. Filicipal F	race of business	3. Mailing Address										
Special Country Special Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
S. Certificate of Settus Desired Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Name Nam	City & Stat	е	City & State			4.	FEI Number 59-1707 138	- 					
WILLIAMSON, MICHAEL D. 112-BRIFFW000-ST LARGO FL-33770 City CLEARWATER FL Zip.Code 337556 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy fits intangible Tay lifting requirement and elects to do so. (See criteria on back) PRILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State NAME STEET ADDRESS STRETT ADDRESS	Zip	Country	Zip	Country	,	5. (Certificate of Status Desired						
WILLIAMSON, MICHAEL D. 112-PRIPPMOBO ST LARGO FL 33770 Sirel Addross (P.O. Box Number is Not Adaptable) 205 PALM VIEW AVENUE City CLEARWATER FL Zip Code 3,375.6 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floida. SIGNATURE SIGNATURE Signature based or presed rame of registered agent and fine it applicable P. This corporation is eligible to satisfy its intangible Registering requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. DESCRIPTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. DEVELOPMENT AND AND ADDRESS AND DIRECTORS		6. Name and Address of Current Re	egistered Agent		Maria	7, 1	Name and Address of New Registered	Agent					
112-DRIFFWOOD ST LARGO FL 33770 City CLEARLINTER FL 2j Code 33756	VATI I IAM	ON MICHAELD		L									
EARGO FL 33770 City CLEARLUPTER FL Zip Code 3.27.5 C		•		ļ			Box Number is Not Acceptable) か いんしん						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Segnature byte or preted name of registered agent and this it applicable. (NOTE Registered Agent signature required when remaining) DATE													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Segnature byte or preted name of registered agent and this it applicable. (NOTE Registered Agent signature required when remaining) DATE					City	I E D D	Inter FL	Zip Code	75%				
9. This corporation is eligible to satisfy its Intangible Tay filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SOLA, RICHARD STRETA DORESS STRETA	8. The above	named entity submits this statement for t	he purpose of changing its	registered					700				
TITLE NAME SOLA, RICHARD SOLA, RICHARD STRETADDRESS CITY-ST-ZIP TITLE P WILLIAMSON, MICHAEL D STRETADDRESS CITY-ST-ZIP TITLE VP PHILLIPS, PAUL L STRETADDRESS CITY-ST-ZIP CITY	9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE Tay filing requirement and elects to do so. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)			!! FEE IS	\$150.00 If be \$55	0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
NAME STREET ADDRESS CITY-ST-ZIP SOLA, RICHARD 3020 TURTLEBROOK CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP CLEARWATER FL 34655 CITY-ST-ZIP CLEARWATER FL 34657 STREET ADDRESS STREET	11.	OFFICERS AND DI		12.									
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NAME STREET ADDRESS CITY-ST-ZIP BELLEAIR BCH FL 33785 TITLE NAME SPRIGGS, DOUGLAS J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME SPRIGGS, DOUGLAS J STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34695 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756	-	CLEARWATER FL 33756		╫──	-ZIP	CLEAR	WATER FL 3375		<u> </u>				
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CITY-ST-ZIP CLEARWATER FL 33756	NAME		55.715	NAME		LUCIATO	ELLA VANESSA J.	, ,					
				ll .	ADDRESS	811 BA	YVIEW DRIVE	56					
., ,		Li	nis filing does not qualify for						formation				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2002	2 UNIFOR	M BUSI	NESS REPO	RT	(UBI	R)	Λ	((,	Λ.	1		
DOCUMENT # 523564 1. Entity Name								HU	ŴŴ	N	7		
CLEARWA		ascular an	ID INTERVENTIONA	L CO	N			NA	50	5)WZ	-	
455 PINELLAS STE 400 CLEARWATER			Mailing Address 455 PINELLAS ST STE 400 CLEARWATER FL 33756 US			;		W# B00!	5057	4			
2. Principal F	Place of Business		3. Mailing Address							4			
Suite, Apt			Suite, Apt. #, etc.						DO NOT	WRITE II	N THIS	SPACE	
City & Stat	e		City & State		4. FEI Number 59-1707138							Applied For	
Zip	Count	гу	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required						dditional
	6. Name and Add	Iress of Current R	egistered Agent				7. Nam	e and Add	ress of N	ew Regi	stered /	Agent	
	ON, MICHAEL D. WOOD ST				Name Street A	ddress (P	.O. Box f	Number is f	Vol Accep	otable)			
LARGO FL	. 33770				City						FL	Zip Co	ode
9 The above	named entity cultinits	this statement for	the purpose of changing its	registere	ad office or	registere	d agent	or both in	the State	of Florida			
b. The above	married entity soormis	this statement for	are purpose of enanging no	registere	or office of	registere	a agonq	07 00011, 117	ino oldio	017101100			
SIGNATURE	Signature, typed or printed na	me of registered agent an	d tille if applicable. (NOTE	: Registere	d Agent signate	ure required w	vhen reinstat	ting)			DATE		
Tax filing	oration is eligible to sa requirement and electria on back)		FILE NOW! After May 1, 200 Make Check Payab	2 Fee	will be \$5	50.00		0. Election Trust Fu	Campaig nd Contril		ing [00 May Be ed to Fees
11.		OFFICERS AND D	IRECTORS	12.	<u> </u>			IONS/CHA		OFFICE	RS AND	DIRECTO	RS IN 11
	T SOLA, RICHARD 3020 TURTLEBRO		☐ Delete			HAZ	4177	ESIDEN H. ANCEN ATER	AND	RED		☐ Change	Addition
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indicated	CLEARWATER FL	33767 ion supplied with the	nis filing does not qualify for rue and accurate and that m	the exer	ure shall h	ave the sa	ame legal	Leffect as it	f made un	der oath	: that La	ım an offici	er or director
of the cor changed,	poration or the receive or on an attachment v	er or trustee empov vith an address, wi	vered to execute this report a th all other like empowered.	as requir	ed by Cha	pter 607,	Florida S	tatutes; and	d that my	name ap	pears in	Block 11	or Block 12 if

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: