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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **665159** **(0)**

1. Corporate Name
**FLORIDA CARDIOVASCULAR SURGEONS, INC.**

Principal Place of Business
**% JAMES P. CAMPBELL**
**1000 LAKEVIEW RD STE 3**
**CLEARWATER FL 34616**

Mailing Address
**% JAMES P. CAMPBELL**
**1000 LAKEVIEW RD STE 3**
**CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1980**
3a. Date of Last Report: **06/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
ZIP — 24
County — 25
ZIP — 29
County — 30

4. FEI Number: **59-1975675** — 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 elected to be governed by Section 607.0901, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**CAMPBELL, JAMES P.**
**1000 LAKEVIEW ROAD**
**CLEARWATER FL 33516**

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 607.0502 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1. TITLE | ☐ Change ☐ Addition |
| NAME | CAMPBELL, JAMES P. | 1. NAME | |
| STREET ADDRESS | 1000 LAKEVIEW ROAD | 1. STREET ADDRESS | |
| CITY, ST, ZIP | CLEARWATER FL | 1. CITY, ST, ZIP | |
| TITLE | VPD | 2. TITLE | ☐ Change ☐ Addition |
| NAME | DEWITT, PAUL L | 2. NAME | |
| STREET ADDRESS | 1000 LABEVIEW RD. | 2. STREET ADDRESS | |
| CITY, ST, ZIP | CLEARWATER FL | 2. CITY, ST, ZIP | |
| TITLE | | 3. TITLE | ☐ Change ☐ Addition |
| NAME | | 3. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY, ST, ZIP | | 3. CITY, ST, ZIP | |
| TITLE | | 4. TITLE | ☐ Change ☐ Addition |
| NAME | | 4. NAME | |
| STREET ADDRESS | | 4. STREET ADDRESS | |
| CITY, ST, ZIP | | 4. CITY, ST, ZIP | |
| TITLE | | 5. TITLE | ☐ Change ☐ Addition |
| NAME | | 5. NAME | |
| STREET ADDRESS | | 5. STREET ADDRESS | |
| CITY, ST, ZIP | | 5. CITY, ST, ZIP | |
| TITLE | | 6. TITLE | ☐ Change ☐ Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 6. STREET ADDRESS | |
| CITY, ST, ZIP | | 6. CITY, ST, 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 the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Document 12 on an affiliated with an address.

**SIGNATURE:** X James P. Campbell — 5/8/95 — 813-442-4178
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR
JAMES P. CAMPBELL

0394555 CP