

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 665159

FILED
Apr 20, 2004
Secretary of State

Entity Name: FLORIDA CARDIOVASCULAR SURGEONS, INC.

Current Principal Place of Business:

% JAMES P. CAMPBELL
1000 LAKEVIEW RD STE 3
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

% JAMES P. CAMPBELL
1000 LAKEVIEW RD STE 3
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-1975675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES P.
1000 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, JAMES P.,
Address: 1000 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, JAMES P.,
Address: 1000 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. CAMPBELL

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04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date