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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92564** **(6)**

1. Corporation Name

HOLLYWOOD HEART SURGERY, P.A.

Principal Place of Business	Mailing Address
3427 JOHNSON STREET HOLLYWOOD FL 33021-5420	3427 JOHNSON STREET HOLLYWOOD FL 33021-5420

2. Principal Place of Business	2a. Mailing Address
21 300 PIERCE ST 22 Suite, Apt. #, etc. Apt. Suite 9. 23 City & State Hollywood 24 Zip 33019 25 Country USA.	26 P.O. BOX 81-7888 27 Suite, Apt. #, etc. 28 City & State Hollywood 29 Zip 33081-1885 30 Country USA.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/29/1982	04/18/1995

4. FEI Number: 59-2210643 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLPOWITZ, ALLAN
~~3427 JOHNSON ST.~~
HOLLYWOOD FL 33021

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: [signature] DATE: 1/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	11 TITLE PD ☒ Change ☐ Addition
NAME	WOLPOWITZ, ALLAN MD		12 NAME WOLPOWITZ, ALLAN MD
STREET ADDRESS	3427 JOHNSON ST.		13 STREET ADDRESS 300 PIERCE ST. #9
CITY-ST-ZIP	HOLLYWOOD, FL 00000		14 CITY-ST-ZIP HOLLYWOOD FL 33019-1226.
TITLE		☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 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)(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 added above with an address.

SIGNATURE: [signature] 1/30/96. 954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

ALLAN WOLPOWITZ

CR2E034 (12/95)