

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

FILED

Apr 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31896

(5)

1. Corporation Name

BAY AREA HEART CENTER, P.A.

Principal Place of Business

5398 PARK ST N. #A
SUITE 1E
ST. PETERSBURG FL 33709

Mailing Address

5398 PARK ST N. #A
SUITE 1E
ST. PETERSBURG FL 33708-7055

3. Date Incorporated or Qualified

04/01/1983

3a. Date of Last Report

02/16/1996

4. FEI Number

59-2291897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State:

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MOKOTOFF, DAVID M., M.D.
5398 PARK ST N
SUITE A
ST. PETERSBURG FL 33709

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|--------|
| TITLE | P | DELETE |
| NAME | MOKOTOFF, DAVID M MD | |
| STREET ADDRESS | 5398 PARK ST N | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | V | DELETE |
| NAME | KOHL, DAVID W., MD | |
| STREET ADDRESS | 5398 PARK ST N | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | ST | DELETE |
| NAME | FINN, JOHN G. M | |
| STREET ADDRESS | 5398 PARK ST., N. | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | V | DELETE |
| NAME | WEINSTOCK, BARRY | |
| STREET ADDRESS | 5398 PARK STREET NORTH | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | V | DELETE |
| NAME | FISHMAN, SOL | |
| STREET ADDRESS | 5398 PARK STREET NORTH | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

(813) 544-1441

CR2E034 (9/96)