

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90073 027 ***150.00

DOCUMENT # G31896

1. Entity Name

BAY AREA HEART CENTER, P.A.



Principal Place of Business

**5398 PARK ST N,
ST. PETERSBURG, FL 33709**

Mailing Address

**5398 PARK ST N,
ST. PETERSBURG, FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2291897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOHL, DAVID W MD
5398 PARK ST N
ST. PETERSBURG, FL 33709**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when filing this statement.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

PAID
1/28/04

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOKOTOFF, DAVID M MD	
STREET ADDRESS	5398 PARK ST N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOHL, DAVID W., MD	
STREET ADDRESS	5398 PARK ST N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FINN, JOHN G. M	
STREET ADDRESS	5398 PARK ST., N.	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALAZAR, M. FERNANDO MD	
STREET ADDRESS	5398 PARK ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHMAN, SOL	
STREET ADDRESS	5398 PARK STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEHR, JEFFREY	
STREET ADDRESS	5398 PARK STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17618	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Amt. \$ 150.00

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David W. Iwelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/04

Daytime Phone #