

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90028 038 ***150.00

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01052005 Chg-P CR2E034 (10/03)

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2291897	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHL, DAVID W., MD <input type="checkbox"/> Delete 5398 PARK ST N ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Reddy, Mohan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5398 Park Street North St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FINN, JOHN G. M <input type="checkbox"/> Delete 5398 PARK ST., N. ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mikulski, Marek <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5398 Park Street North St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, M. FERNANDO MD <input type="checkbox"/> Delete 5398 PARK ST NORTH SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHMAN, SOL <input type="checkbox"/> Delete 5398 PARK STREET NORTH ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEHR, JEFFREY <input type="checkbox"/> Delete 5398 PARK STREET NORTH SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>David W. Kohl MD.</i>			2-15-05 727-526-6624		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		