2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# G31896

Entity Name: BAY AREA HEART CENTER, P.A.

Current Principal Place of Business:

5398 PARK ST N,
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5398 PARK ST N,
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-2291897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHL, DAVID W MD
5398 PARK ST N
ST. PETERSBURG, FL 33709 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:	P	( ) Delete
Name:	KOHL, DAVID W., MD,	
Address:	5398 PARK ST N	
City-St-Zip:	ST PETERSBURG, FL	
Title:	ST	( ) Delete
Name:	FINN, JOHN G. M	
Address:	5398 PARK ST., N.	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	V	( ) Delete
Name:	SALAZAR, M. FERNANDO MD	
Address:	5398 PARK ST NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33709	
Title:	V	( ) Delete
Name:	FISHMAN, SOL	
Address:	5398 PARK STREET NORTH	
City-St-Zip:	ST. PETERSBURY, FL	
Title:	V	( ) Delete
Name:	LEHR, JEFFREY	
Address:	5398 PARK STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33709	
Title:	V	( ) Delete
Name:	REDDY, MOHAN	
Address:	5398 PARK STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33709	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	FINN, JOHN G MD	
Address:	5398 PARK ST., N.	
City-St-Zip:	ST. PETERSBURG, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID W. KOHL, MD PRES 04/04/2008

Electronic Signature of Signing Officer or Director — Date