

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G31896

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



FILED
08 APR 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KOHL, DAVID W., MD
STREET ADDRESS 5398 PARK ST N
CITY-ST-ZIP ST PETERSBURG, FL

TITLE VP ☐ Change ☒ Addition
NAME Shalin Shah, MD
STREET ADDRESS 5398 Park Street North
CITY-ST-ZIP St. Petersburg, FL 33709

TITLE ST ☐ Delete
NAME FINN, JOHN G MD
STREET ADDRESS 5398 PARK ST., N.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SALAZAR, M. FERNANDO MD
STREET ADDRESS 5398 PARK ST NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FISHMAN, SOL
STREET ADDRESS 5398 PARK STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LEHR, JEFFREY
STREET ADDRESS 5398 PARK STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME REDDY, MOHAN
STREET ADDRESS 5398 PARK STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Kohl MD

4/19/09

727 526 6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #