

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73203

(2)

1. Corporation Name

FLORIDA HEART GROUP, P.A.

Principal Place of Business

**615 E. PRINCETON ST., #300
ORLANDO FL 32803**

Mailing Address

**615 E. PRINCETON ST., #300
ORLANDO FL 32803**



3. Date Incorporated or Qualified
08/23/1985

3a. Date of Last Report
05/16/1995

2. Principal Place of Business
21 1613 North Mills Avenue

2a. Mailing Address
26 1613 North Mills Avenue

4. FET Number
59-2582139

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 Orlando, FL

28 Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 32803

Country

Zip
29 32803

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, KERRY M. M
615 E PRINCETON ST
SUITE 300
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1613 North Mills Avenue

83

84 City
Orlando

FL

85 Zip Code
32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 or director)

NOTE: Registered Agent signature required for this filing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
P SCHWARTZ, KERRY M. M
STREET ADDRESS
615 E PRINCETON ST
CITY-ST-ZIP
ORLANDO FL

1.2 NAME
1.3 STREET ADDRESS
1613 North Mills Avenue
1.4 CITY-ST-ZIP
Orlando, FL 32803

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
T SAENZ, CARLOS B. M
STREET ADDRESS
615 E PRINCETON ST
CITY-ST-ZIP
ORLANDO FL

2.2 NAME
2.3 STREET ADDRESS
1613 North Mills Avenue
2.4 CITY-ST-ZIP
Orlando, FL 32803

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
S WEAVER, CURTIS J. M
STREET ADDRESS
615 E PRINCETON ST
CITY-ST-ZIP
ORLANDO FL

3.2 NAME
3.3 STREET ADDRESS
1613 North Mills Avenue
3.4 CITY-ST-ZIP
Orlando, FL 32803

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

407/894-4474
Daytime Phone #

CR2E034 (12/95)