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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Susan B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H84703 (8)

1. Corporation Name
TALLAHASSEE HEART ASSOCIATES, JEFFREY J. RESNICK, M.D., P.A.

Principal Place of Business Mailing Address

**1889 PROFESSIONAL PARK CIRCLE
SUITE 10
TALLAHASSEE FL 32308**

**1889 PROFESSIONAL PARK CIRCLE
SUITE 10
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|----------------------------------|--|----------------------|
| 3. Date Incorporated or Qualified 10/31/1985 | | 3a. Date of Last Report 03/02/1994 | |
| 4. FEI Number 59-2595667 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 7. Date of Last Report | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 8. Certificate of Status Desired | |
| City & State 23 | City & State 28 | 9. Election Campaign Financing | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

| | | | | | | | |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RESNICK, JEFFREY J., MD 1881 PROFESSIONAL PARK CIR. S-102 TALLAHASSEE FL 32308 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ DATE: _____
(Signature of and printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-designing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE DP | RESNICK, JEFFREY J., MD 1889 PROFESSIONAL PK CIR TALLAHASSEE FL | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE VD | GREDLER, FRANK, E., MD 1889 PROFESSIONAL PK CIR TALLAHASSEE FL | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY - ST - ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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. 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: _____
(Signature and printed name of officer or director)