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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H84703

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

Principal Place of Business Mailing Address 1889 PROFESSIONAL PARK CIRCLE 1889 PROFESSIONAL PARK CIRCLE SUITE 10 SUITE 10 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-4500 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1985 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2595667 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Žφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RESNICK, JEFFREY J., MD Address P.O. Box Number is Not Acceptable) 1881 PROFESSIONAL PARK CIR. 82 NOFESSIONAL CIRCUR S-102 83 TALLAHASSEE FL 32308 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, Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Stgriction typical or per team and of registered agent read title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DP DELETE Change Addition 1.1 TITLE LIH RESNICK, JEFFREY J., MD E034 NALIE 1.2 NAME 1889 PROFESSIONAL PK CIR 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST- ZIP CHY SEZIE DELETE Change ___ Add tion 21 TITLE THE BAKER, JOSEPH C. NAME 22 NAME **1889 PROR PARK CIRCLE** STHEET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2. 4 CHTY-ST-ZIP CITY ST ZIP DELETE Change Addition 3.1 THILE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS

64 CITY-ST-ZIP DOM: SI-7-2 14. If do hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it disatted on this annual report of 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.

3.4 CHY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY - ST-ZIP

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Secretary of State

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