


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90039 048 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J09727					
1. Corporation Name SOUTH PALM CARDIOVASCULAR SURGERY, P.A.					
Principal Place of Business 1599 N.W. 9TH AVENUE #4 BOCA RATON FL 33486			Mailing Address PO BOX 940 BOYNTON BEACH FL 33425 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/16/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2685174	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUQUE, SOUTI 101 NE 3RD AVE. SUITE 300 FT. LAUDERDALE FL 33301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME MIP					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME D					
2.3 STREET ADDRESS Newman, Jeffrey					
2.4 CITY-ST-ZIP 1599 NW 9th Ave, #4 Boca Raton, FL 33486					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth M. Begelman

Date

3/15/99

Daytime Phone #

561-332-4124

CR2E034 (11/98)