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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J18885 (0)

1. Corporation Name
ATLANTIC HEART CENTER, INC.

Principal Place of Business	Mailing Address
C/O BRUCE A MITCHELL ESQ 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	100 PAR PLACE MED CTR 5200 BABCOCK. SUITE 109 PALM BAY FL 32905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1986

2. Principal Place of Business (21): 930 S. Harbor City Blvd.
Suite, Apt #, etc. (22):
City & State (23): Melbourne, FL 32901
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-2729650 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

KOSTRO, VICTOR S.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. **Name and Address of New Registered Agent**

81 Name: John R. Kancilia, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1686 West Hibiscus Blvd.
83
84 City: Melbourne **FL** 85 Zip Code: 32901

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 _____ 2/23/98
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		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LESSER, MICHAEL F.		1.2 NAME		
STREET ADDRESS	930 S HARBOR CTY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHLAMOWITZ, ROBERT A.		2.2 NAME		
STREET ADDRESS	2147 10TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, ROBERT S.		3.2 NAME		
STREET ADDRESS	930 S HARBOR CITY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREYMILLER, JAMES D		4.2 NAME		
STREET ADDRESS	5200 BABCOCK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POCOSKI, DAVID J.		5.2 NAME		
STREET ADDRESS	930 S. HARBOR CITY BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ Director 2/6/98 407 984-1482