


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90032 026 ***150.00

DOCUMENT # J26078 1. Entity Name HEART CENTER OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 1550 BARKLEY CIRCLE FORT MYERS, FL 33907	Mailing Address 1470 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2695925	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSEN, JEFFREY H MD 1550 BARKLEY CIRCLE FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, JEFFREY H 1550 BARKLEY CIRCLE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUBIN, MICHAEL R MD 1550 BARKLEY CIRCLE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAGGMAN, DALE L. 1550 BARKLEY CIRCLE FORT MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY H. ROSEN** 3-14-2005 239-938-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #