


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K05602 (3)			
1. Corporation Name HEART CENTER OF SARASOTA, INC.			
Principal Place of Business % DEBORAH L. CHANDLER 1540 S. TAMiami TRAIL SARASOTA FL 34239		Mailing Address % DEBORAH L. CHANDLER 1540 S. TAMiami TRAIL SARASOTA FL 34239-2940	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/04/1987		3a. Date of Last Report 02/20/1996	
4. FEI Number 65-0018203		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent -FRENCH, G. TED E- -1750 RINGLING BOULEVARD- -SARASOTA FL 34236-		10. Name and Address of New Registered Agent 81 Name Ruden, McClosky, Smith, Schuster & Russell, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1549 Ringling Boulevard 83 Suite 600 84 City Sarasota FL 85 Zip Code 34236	
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 <i>John M. Dooley, V. Pres.</i> DATE 3/20/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	NATARAJAN, PONNUSWAMY		
STREET ADDRESS	1950 ARLINGTON ST.		
CITY - ST - ZIP	SARASOTA FL		
TITLE	DVP	<input type="checkbox"/> DELETE	
NAME	HARTMAN, RANDY B.		
STREET ADDRESS	1950 ARLINGTON ST.		
CITY - ST - ZIP	SARASOTA FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	LISS, GEOFFREY		
STREET ADDRESS	1950 ARLINGTON ST.		
CITY - ST - ZIP	SARASOTA FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	CULP, JOHN		
STREET ADDRESS	1540 S. TAMiami TRAIL		
CITY - ST - ZIP	SARASOTA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BREDLAW, CLAYTON		
STREET ADDRESS	1540 S. TAMiami TRAIL		
CITY - ST - ZIP	SARASOTA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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 do 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: <i>R. N. Nobby</i> 4-10-97 941-365-0433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)