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

Mailing Address

BLANKENSHIP, THOMAS 1540 S. TAMIAMI TRAIL

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K05602 1. Corporation Name

Principal Place of Business

BLANKENSHIP. THOMAS

1540 S. TAMIAMI TRAIL

HEART CENTER OF SARASOTA, INC.

sarasota FL 34239 Us		SARASOTA FL 34239 US				3. Date Incorporated or Qualified			
						12/04/1987		<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	oplied For	
1		26				65-0018203	Nc	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
2 27			-			5. Certificate of Status Desired	Fee Re	aquired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
¬ `		28			ŀ	Trust Fund Contribution		to Fees	
3   Zip	Country Zip			Country		8. This corporation owes the current year Ir	ntangible		
¬ '				¬ '		Personal Property Tax.  Yes No			
4 25 29 30  9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	iit Kadisteien Maeur	81	I Name		To: France and France of the France of			
RUDEN, MCCLOSKY S SCHUSTE 1549 RINGLING BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)					
				STE. 600			83	83	
SAR	ASOTA FL 34236		Ļ		City 85 Zip Code				
	·		84	4 City		Fi	85 Zip	Code	
		00 COZ 4500 Florida Stotuto	na tha aba	in named	Loomor	<del></del>		registered	
office or r	enistered agent, or both, in the State	i of Florida. Such change was at	uthorized by	v the corp	oration's	ation submits this statement for the purpose of sboard of directors. I hereby accept the appoint	ointment as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statute	s.		•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	ent signature	required wh	nen reinstating) DATE			
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			ide of	Change	Addition	
NAME	HEPP, WALTER R		1.2 NAME		PA	DATARAJAN a			
	The state of the s			ET ADDRESS	رسر را	10 S. TAMIAMITA			
STREET ADDRESS	1540 S TAMIAMI TR								
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP	Vice President Change		Addition		
TITLE	D	☐ DELETÉ	2.1 TITLE		Vic	e mesiaent	□ Change	Addition	
NAME	HEALY, COLLEEN		2.2 NAME		KA	Day HARTINA			
STREET ADORESS	1540 S TAMIAMI TR 23		2.3 STREE	ET ADDRESS	15	RANDY HARTMAN 15405 TAMIAMITE			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	SA	SARASOTA, FL 34233			
TITLE	D	DELETE 3.1 TI			60	cretary	☐ Change	Addition Addition	
			3.2 NAME			Caregay B. Liss			
NAME					000	Geoffrey B. Liss 1540 S. TAMIAMITE			
STREET ADDRESS	1540 S TAMIAMI TR		3.3 STREET ADORESS		1/2	1 A = 2 + 1 /= /			
CITY-ST-ZIP	SARASOTA FL 34233			3.4. CITY-ST-ZIP		RASOTA FL	Change	(Fel Addition	
TITLÉ :	D DELETÉ 4.1		4.1 TITLE		TR	CASURER	Change	Addition	
NAME	KOSHY, MATHEW 4.21		4. 2 NAME	<b>.</b>	JOI	LN R. Culp 40 S. Tamiami TR			
STREET ADDRESS	1540 S TAMIAMI TR		4.3 STREI	ET ADDRESS	15	40 S. TAMIAMI			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-	ST-ZIP	51	PRASOTA FL			
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
ľ	HENSON, KENNETH	<del>-</del>	5.2 NAME						
NAME	HENDON, KENNETH			Et address					
STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL	F	5.4 CITY-		<del> </del>			☐ Addis:	
TITLE	D	☐ DELETÉ	6.1 TITLE		1		☐ Change	☐ Addition	
NAME	BASNIGHT, MICHAEL		6.2 NAME						
STREET ADDRESS	1540 S TAMIAMI TR		6.3 STREE	ET ADDRESS	<b>;</b>				
	SARASOTA FL		6.4 CITY-	ST-ZIP	1				
CITY-ST-ZIP	artify that the information syndled w	vith this filing does not qualify for	the exemp	tion state	d in Sec	ction 119.07(3)(i), Florida Statutes. I further co	ertify that the	information	
indicated	on this annual report or supplements	al annual report is true and accu	rate and th	at mv sidi	nature s	hall have the same legal effect as if mage un	der oatn; tnat	i am an	
officer or	director of the corporation or the reco	eiver or trustee empowered to e:	xecute this	report as	require	d by Chapter 607, Florida Statutes; and that	пу патне арр	ears III	
BIOCK 12	or Block 13 if changed, or on an atta	icument was all gob occ. with an	OUICE IIKE (	PHINCHELE	ou.	,			

SIGNATURE:

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90134 031 \*\*\*150.00