

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09233

FILED
Mar 09, 2011
Secretary of State

Entity Name: FLORIDA HEART AND VASCULAR SURGEONS, P.A.

Current Principal Place of Business:

1511 SW 1ST AVE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 3130
OCALA, FL 344783130 US

New Mailing Address:

FEI Number: 59-2864894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H ESQ
1511 SW 1ST AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: COOK, R DUANE M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: SEC
Name: STOCKMAN, FRANCES F
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: P
Name: DODD, DAVID
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: P
Name: CROUCH, F MICHAEL M.D.
Address: 1511 SW 1 ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: P
Name: FONG, JONATHAN M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

Title: P
Name: KUYKENDALL, R CRAIG M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R. DUANE COOK, M.D.

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date