

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L22529** (6)
1. Corporation Name
CARDIAC SURGICAL ASSOCIATES, P.A.



Principal Place of Business 906 SOUTH FORT HARRISON AVENUE CLEARWATER FL 34616 455 Pinellas St. Suite 320 Clearwater, FL 33756	Mailing Address 906 SOUTH FORT HARRISON AVENUE CLEARWATER FL 34616 455 Pinellas St. Suite 320 Clearwater, FL 33756
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 455 Pinellas St. Suite, Apt. #, etc. 22 Suite 320 City & State 23 Clearwater, Florida Zip 24 33756 Country 25 USA	2a. Mailing Address 26 455 Pinellas St. Suite, Apt. #, etc. 27 Suite 320 City & State 28 Clearwater, Florida Zip 29 33756 Country 30 USA	3. Date Incorporated or Qualified 10/13/1989 4. FEI Number 59-2965395 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

**MURBACH, RICHARD A.
906 SO. FT. HARRISON AVENUE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 455 Pinellas St.
83 Suite 320	84 City Clearwater
85 Zip Code FL 33756	

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 **Richard A. Murbach, MD**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	DEAL, THOMAS E.	1.2 NAME	Deal, Thomas E.
STREET ADDRESS	906 SOUTH FT. HARRISON	1.3 STREET ADDRESS	455 Pinellas St., Suite 320
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	V	2.1 TITLE	Vice-President
NAME	MURBACH, RICHARD A.	2.2 NAME	Murbach, Richard A.
STREET ADDRESS	906 SOUTH FT. HARRISON	2.3 STREET ADDRESS	455 Pinellas St., Suite 320
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	S	3.1 TITLE	Secretary
NAME	PRUITT, J. CRAYTON	3.2 NAME	Pruitt, J. Crayton
STREET ADDRESS	906 SOUTH FT. HARRISON	3.3 STREET ADDRESS	455 Pinellas St., Suite 320
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	T	4.1 TITLE	Treasurer
NAME	DWORKIN, GARY H	4.2 NAME	Dworkin, Gary H.
STREET ADDRESS	906 S FT HARRISON AVE	4.3 STREET ADDRESS	455 Pinellas St., Suite 320
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Richard A. Murbach, MD

2/19/98

813/446-2273

CR2E034 (10/97)