

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L22529** ✓  
Corporation Name  
**CARDIAC SURGICAL ASSOCIATES PHYSICIANS, INC.**

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90003 023 \*\*\*550.00

0091797

Principal Place of Business

455 PINELLAS ST #320  
CLEARWATER FL 33756  
JS

Mailing Address

455 PINELLAS ST #320  
CLEARWATER FL 33756  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1989

4. FEI Number

59-2965395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

Principal Place of Business

455 Pinellas ST.

Suite, Apt. #, etc.

# 320

City & State

Clearwater, FL

Zip

33756

Country

USA

2a. Mailing Address

455 Pinellas ST.

Suite, Apt. #, etc.

# 320

City & State

Clearwater, FL

Zip

33756

Country

USA

9. Name and Address of Current Registered Agent

MURBACH, RICHARD A.  
455 PINELLAS ST #320  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	P	DEAL, THOMAS E.	<input type="checkbox"/> DELETE
ME		455 PINELLAS ST #320	
REET ADDRESS		CLEARWATER FL 33756	
Y-ST-ZIP			
LE	VP	MURBACH, RICHARD A.	<input type="checkbox"/> DELETE
ME		455 PINELLAS ST #320	
REET ADDRESS		CLEARWATER FL 33756	
Y-ST-ZIP			
LE	S	PRUITT, J. CRAYTON	<input type="checkbox"/> DELETE
ME		455 PINELLAS ST #320	
REET ADDRESS		CLEARWATER FL 33756	
Y-ST-ZIP			
LE	T	DWORKIN, GARY H	<input type="checkbox"/> DELETE
ME		455 PINELLAS ST #320	
REET ADDRESS		CLEARWATER FL 33756	
Y-ST-ZIP			
LE			<input type="checkbox"/> DELETE
ME			
REET ADDRESS			
Y-ST-ZIP			
LE			<input type="checkbox"/> DELETE
ME			
REET ADDRESS			
Y-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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)