

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 17 1998 8:00am  
Secretary of State

DOCUMENT # M74577 (1)  
1. Corporation Name  
VANNICH ST. JUDE'S CIRCULATORY DISEASE INSTITUTE  
, INC.



Principal Place of Business Mailing Address  
8432 MEADOWBROOK DR. 8432 MEADOWBROOK DR.  
LARGO FL 34647 LARGO FL 34647  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/30/1988  
4. FEI Number 59-2890626 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent

SUAREZ, GUILLERMO  
8432 MEADOWBROOK DR.  
LARGO FL 34647

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SUAREZ, GUILLERMO M.D.  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8432 MEADOWBROOKE DRIVE | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LARGO FL 34647          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | ST                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SUAREZ, SONIA           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8432 MEADOWBROOK DR.    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LARGO FL                | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                                                                   |

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-08/18/98--01028--035

\*\*\*150.00

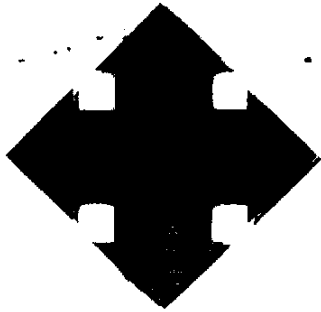
PE  
8-17

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

*[Handwritten Signature]* 8/13/98 727-3934173

CR2E034 (5/98)



HANNA, LEMAR & MORRIS<sup>(2)</sup>  
C.P.A.'s, P.A.

July 21, 1998

Annual Reports Filings  
Division of Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Vannich St. Jude's Circulatory Disease Institute, Inc.  
F.E.I. 59-2890626

Dear Sir or Madame:

Enclosed is the annual report second notice. My client has no record of receiving the first annual report. The normal procedure is for my client to collect their tax forms and deliver those to us. We have no record of receiving the first annual report either. We immediately mail the annual report directly back to the client with an instruction sheet to file timely with the appropriate fee. The end result is that we did not receive or inadvertently misplaced the first annual report and did not realize that this had not been done. I understand from reading the instructions that this is the corporation's responsibility. However, we always make a good faith effort to file timely any taxes, licenses and fees. Therefore, we are asking that consideration be given to the abatement of the \$400.00 penalty. Enclosed is a check in the amount of \$150.00. Thank you for your consideration on this matter.

Regards,



David A. Lemar, Jr., C.P.A.

enclosures

cc: Guillermo Suarez