

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90006 032 ****61.25

DOCUMENT # N01000007282

1. Entity Name
BROWARD HEART SPECIALISTS, INC.



Principal Place of Business
**303 SE 17TH STREET
FORT LAUDERDALE, FL 33316**

Mailing Address
**303 SE 17TH STREET
FORT LAUDERDALE, FL 33316**

44049371



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1145816

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERER, WILLIAM R.
633 S. FEDERAL HWY.
FORT LAUDERDALE, FL 33301**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TROWER, WIL**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
NAME **BURTON, BOB L**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
NAME **WALLACE, ART**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☒ Delete
NAME **MACELDOWNEY, FRANK**
STREET ADDRESS **303 SE 17TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☒ Delete
NAME **BOULWARE, TERRY MD**
STREET ADDRESS **303 SE 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **ST** ☐ Delete
NAME **KNIGHT, MARK T**
STREET ADDRESS **303 SE 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Stacy Citrin**
STREET ADDRESS **303 SE 17th Street**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **Ashok K Sharma**
STREET ADDRESS **303 SE 17th Street**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2004 **854 7675201**
Date Daytime Phone #