SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE MAY 01, 1995 IF [illegible] AMOUNT DUE TO REINSTATE: $[illegible]

NONPROFIT CORPORATION ANNUAL REPORT

1995 6-30-95 P. 7623 NC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:08

DOCUMENT # N94000001499 (2)

1. Corporation Name

FLORIDA CARDIOVASCULAR NETWORK, INC.

Principal Place of Business	Mailing Address
1609 PASADENA AVE. SOUTH SUITE 1-F ST. PETERSBURG FL 33707	1609 PASADENA AVE. SOUTH SUITE 1-F ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0531577 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FISHER, JOHN H II
ONE TAMPA CITY CENTER - SUITE 2100
201 N. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: T. J. BORSCHEL
82 Street Address (P.O. Box Number is Not Acceptable): 1609 PASADENA AVE SOUTH
83: SUITE 1-F
84 City: ST PETERSBURG FL 85 Zip Code: 33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John H Fisher — 6-8-95
Signature, typed or printed name of registered agent and the date of signature — ADD: Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT / D DEAN A BORSCHEL MD 1609 PASADENA AVE S STE 1F ST PETERSBURG, FL 33707	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☑ Addition M TJ BORSCHEL 1609 PASADENA AVE S STE 1F ST PETERSBURG, FL 33707
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE PRESIDENT / D MICHAEL WILLIAMSON MD 1100 CLEARWATER-LARGO RD LARGO, FL 34640	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY / D MICHAEL G McIVOR MA 1609 PASADENA AVE S STE 1F ST PETERSBURG, FL 33707	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER / D PAUL L PHILLIPS MD 1100 CLEARWATER-LARGO RD LARGO, FL 34640	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H Fisher — 6-8-95 — 813 311-3636
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS J. BORSCHEL

0019662