


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90291 014 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000094825
 1. Entity Name
 CARDIOTHORACIC AND VASCULAR SURGERY, P.A.



Principal Place of Business
 8333 N DAVIS HWY
 PENSACOLA, FL 32514

Mailing Address
 PO BOX 11548
 PENSACOLA, FL 32514

20042337



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3674734

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM R
 3298 SUMMIT BLVD, SUITE 29
 JEFFERSON OFFICE PARK
 PENSACOLA, FL 32503

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 IN THIS SPACE**

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

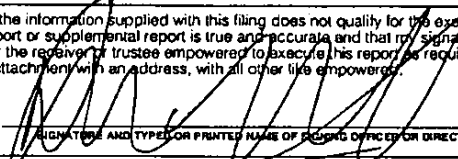
9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	NETHERLAND, DONALD E DR
STREET ADDRESS	8333 N DAVIS HIGHWAY
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	Secretary
NAME	Myers, Stephen C DR.
STREET ADDRESS	8333 N Davis Hwy
CITY-ST-ZIP	Pensacola, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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 607, 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 empowerments.

SIGNATURE:  DATE: 3/22/05 850-474-8610
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #