


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-23-2007 90076 001 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000094825

1. Entity Name
 CARDIOTHORACIC AND VASCULAR SURGERY, P.A.



66017780

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

Mailing Address
 PO BOX 11548
 PENSACOLA, FL 32514



04072007 No Chg-P CR2E034 (11/05)

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~~ PO BOX 30056
~~JEFFERSON OFFICE PARK~~
 PENSACOLA, FL ~~32303-1056~~ 32502
 125 S alcaniz St - 3
 Pensacola, Fla 32504

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity certifies its payment for the purpose of organizing, registering 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

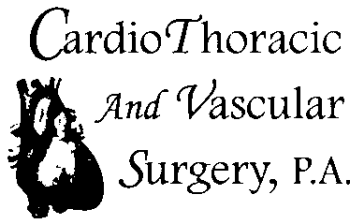
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NETHERLAND, DONALD E DR 8333 N DAVIS HIGHWAY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MYERS, STEPHEN C DR 8333 N DAVIS HIGHWAY PENSACOLA, FL 32506
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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____



Donald E. Netherland, M.D.
Stephen C. Myers, M.D.

ATTACHMENT

66017780
P00000094825

5/25/07

I have added a
street address.

125 S. Alcaniz St
Pensacola, FL 32504

Dr Netherland

8333 North Davis Hwy.
Suite 6008
Pensacola, Florida 32514
Phone (850) 474-8610
Fax (850) 969-2892

5149 N. 9th Ave.
Suite 243
Pensacola, FL 32504
Phone (850) 494-1131
Fax (850) 494-1132

P. O. Box 11548
Pensacola, Florida 32524