2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094825

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

FILED Mar 14, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8333 N DAVIS HWY PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

PO BOX 11548 PO BOX 11548

PENSACOLA, FL 32514 PENSACOLA, FL 32524

FEI Number: 59-3674734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL, WILLIAM R
P.O. BOX 30056
125 S ALCANIZ ST.
125 S ALCANIZ ST.
PENSACOLA, FL 32504 US
MITCHELL, WILLIAM R
125 S ALCANIZ ST.
125 S ALCANIZ ST.
PENSACOLA, FL 32504 US

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.

SIGNATURE: 03/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

P () Delete Title: P (X) Change () Addition NETHERLAND, DONALD E DR Name: NETHERLAND, DONALD E DR 8333 N DAVIS HIGHWAY Address: 8333 N DAVIS HIGHWAY

Address: 8333 N DAVIS HIGHWAY Address: 8333 N DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32514

() Delete Title: Title: (X) Change () Addition Name: MYERS, STEPHEN C DR Name: MYERS, STEPHEN C DR 8333 N DAVIS HIGHWAY Address: 8333 N DAVIS HIGHWAY Address: PENSACOLA, FL 32506 PENSACOLA, FL 32514 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E NETHERLAND P 03/14/2008