

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000101936

1. Entity Name
TAMPA HEART CENTER INC.



Principal Place of Business
**2727 W DR ML KING BLVD
#800
TAMPA, FL 33607 US**

Mailing Address
**2727 W DR ML KING BLVD
#800
TAMPA, FL 33607 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3680073** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARINELLI, CARLOS C MD
TAMPA HEART CENTER INC
2727 W DR ML KING BLVD #800
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000087558
03/15/04-80017-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENDOZA, QUERUBIN 2727 W DR ML KING BLVD #800 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MARINELLI, CARLOS C MD 2727 W DR ML KING BLVD #800 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAMIREZ, JOHN D MD 2727 W DR ML KING BLVD #800 TAMPA, FL 33607
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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 my address, with all other like empowered.

SIGNATURE: _____

CARLOS C. MARINELLI, MD 01-28-04 (813) 875-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #