


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90021 015 ***150.00

DOCUMENT # P00000107041	
1. Entity Name GULF COAST HEART AND LUNG SURGERY, P.A.	

Principal Place of Business 1921 WALDEMERE STREET STE 707 SARASOTA FL 34239	Mailing Address 1921 WALDEMERE STREET STE 707 SARASOTA FL 34239
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2. Principal Place of Business 1762 Hawthorne St	3. Mailing Address 1762 Hawthorne St
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State Sarasota, FL	City & State Sarasota FL
Zip 34239	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1053657		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOOLEY, WILLIAM A 1432 FIRST STREET SARASOTA FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, ROBERT G MD 1921 WALDEMERE STREET STE 707 SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1762 Hawthorne St. Ste 4 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRO, JOSEPH C MD 1921 WALDEMERE STREET # 707 SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1762 Hawthorne St. Ste 4 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report by 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 **Joseph C. Schiro MD** **2/8/06** **941-917-4890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joseph C. Schiro, MD** Daytime Phone #