

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117475

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: DELRAY CARDIO-THORACIC SURGEONS, INC.

## Current Principal Place of Business:

5130 LINTON BLVD  
SUITE B-5  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

## Current Mailing Address:

5130 LINTON BLVD  
SUITE B-5  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

FEI Number: 65-1124231      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ  
1201 US HIGHWAY ONE SUITE 240A  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: BLAIS, ROBERT E MD  
Address: 5130 LINTON BLVD SUITE B-5  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BLAIS, ROBERT E MD  
Address: 5130 LINTON BLVD SUITE B-5  
City-St-Zip: DELRAY BEACH, FL 33484

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: ROBERT E BLAIS,MD

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date