

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000117475

**FILED**  
**Mar 29, 2012**  
**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BLAIS, ROBERT E M.D.  
Address: 5130 LINTON BLVD SUITE B-5  
City-St-Zip: DELRAY BEACH, FL 33484

Title: PRES  
Name: ROBERT, ROBERT E M.D.  
Address: 2631 HAMPTON CIRCLE NORTH  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. BLAIS, M.D.

PRES

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date