

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000021588

1. Entity Name
NORTHWEST FLORIDA HEART GROUP, P.A.



Principal Place of Business
8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address
P O BOX 11339
PENSACOLA, FL 32524



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3710198

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MILES, DAVID M.D.
8333 N. DAVIS HIGHWAY, 4TH FLOOR
PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILES, DAVID M.D.
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	BRANCO, MARCELO C M.D.
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	QUITIAN, JOSE C M.D.
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	PHILLIPS, DANIEL M.D.
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	TAMBURRO, PAUL M.D.
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	O
NAME	SUFFICH, WILLIAM J III
STREET ADDRESS	8333 N. DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32514

U000000264125
03/16/05-80003-003 150.00

**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)(i), 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 an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2005 (350) 964-7979
Date Daytime Phone #