

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 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
---	---



03112006 No Chg-P CR2E034 (11/05)

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
---	--------------------------------

6. 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**

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, 2006 Fee will be \$550.00

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

000000492444
04/13/06-80066 006 150.00

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date Daytime Phone #