

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 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



03122007 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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 GUITIAN, 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

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05/10/07-80072-002 150.00

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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: *x*

William Suffich III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/21/2007 (352) 969-7779
Date Daytime Phone #