
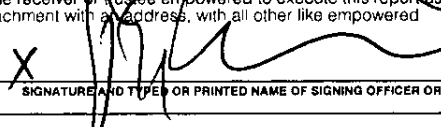


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3710198	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILES, DAVID M.D. 8333 N. DAVIS HIGHWAY, 4TH FLOOR PENSACOLA, FL 32514			Name Street Address (P.O. Box Number is Not Acceptable) City		
			City <b>FL</b> Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	000000860035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 04/02/08-80047-004 150.00		
NAME	MILES, DAVID M.D.	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANCO, MARCELO C M.D.	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUITIAN, JOSE C M.D.	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, DANIEL M.D.	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAMBURRO, PAUL M.D.	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUFFICH, WILLIAM J III	NAME			
STREET ADDRESS	8333 N. DAVIS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP			
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: <b>X</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					