2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000036389

Entity Name: THE HEART AND VASCULAR CENTER OF VENICE, P.A.

FILED Feb 05, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 43292			1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 34292 US	
Current Mailing Address:		New Maili	New Mailing Address:	
1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 43292			1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 34292 US	
FEI Number: 65-1092361	FEI Number Applied For() FEI N	umber Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
BASNIGHT, MICHAEL A MD 1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 43292		1287 US H	BASNIGHT, MICHAEL A MD 1287 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 34292 US	
The above named en in the State of Florida		of changing i	its registered office or registered agent, or both,	
SIGNATURE:			02/05/2002	
OFFICERS AND DIF	• , ,	Title:	IS/CHANGES TO OFFICERS AND DIRECTORS: V () Change (X) Addition	
This corporation is eligib	ctronic Signature of Registered Agent Die to satisfy its Intangible Tax filing requirement Contribution ().	t and elects to o	Date do so ().	
Name: Address: City-St-Zip:		Name: Address: City-St-Zip:	ABERNATHY, GEORGE T 103 JACARANDA BLVD VENICE, FL 34292 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition BOPITIYA, CHANDANNA 6060 MANASOTA KEY RD ENGLEWOOD, FL 34223 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition BASNIGHT, MICHAEL A 461 BAYSHORE DRIVE NOKOMIS, FL 34275 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition BAGA, VICTOR B 63 SUGAR HILL DRIVE OSPREY, FL 34229 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition WECKESSER, BARRY J 470 E MACEWEN OSPREY, FL 34229 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A. BASNIGHT P 02/05/2002