# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2004**
**Secretary of State**

DOCUMENT# P01000036389

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

**Current Principal Place of Business:**

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34292 US

**New Principal Place of Business:**

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

**Current Mailing Address:**

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34292 US

**New Mailing Address:**

1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

**FEI Number: 65-1092361** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASNIGHT, MICHAEL A MD
1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

BASNIGHT, MICHAEL A MD
1287 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285 US

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.

SIGNATURE: 02/16/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: ABERNATHY, GEORGE T
Address: 103 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292 US

Title: S ( ) Delete
Name: BOPITIYA, CHANDANNA
Address: 6060 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: P ( ) Delete
Name: BASNIGHT, MICHAEL A
Address: 461 BAYSHORE DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: V ( ) Delete
Name: BAGA, VICTOR B
Address: 63 SUGAR HILL DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: T ( ) Delete
Name: WECKESSER, BARRY J
Address: 470 E MACEWEN
City-St-Zip: OSPREY, FL 34229 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition
Name: ABERNATHY, GEORGE T
Address: 103 JACARANDA BLVD
City-St-Zip: VENICE, FL 34285 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WECKESSER, BARRY J
Address: PO BOX 830
City-St-Zip: 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 BASNIGHT MD 02/16/2004
Electronic Signature of Signing Officer or Director — Date