2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028624

1. Entity Name
SARASOTA CARDIOVASCULAR & THORACIC SURGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1435 S. OSPREY AVE SUITE 200 SARASOTA, FL 34239	1435 S. OSPREY AVE SUITE 200 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1657777 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, CLIFTON T MD
1435 S. OSPREY AVE, STE. 200
SARASOTA, FL 34239

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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

U00000480870
04/11/06-80008-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, CLIFTON MD
STREET ADDRESS	1435 S. OSPREY AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	BEGGS, MARTIN MD
STREET ADDRESS	1435 S. OSPREY AVE, STE. 200
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 3/21/06 (941)952-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #