2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2007
Secretary of State

DOCUMENT# P03000028624

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

Current Principal Place of Business:

1435 S. OSPREY AVE
SUITE 200
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1435 S. OSPREY AVE
SUITE 200
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 16-1657777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWIS, CLIFTON MD
Address: 1435 S. OSPREY AVE STE 200
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: BEGGS, MARTIN MD
Address: 1435 S. OSPREY AVE, STE. 200
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CLIFTON LEWIS MD D 03/31/2007

Electronic Signature of Signing Officer or Director — Date