

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000028624

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



Principal Place of Business

**1435 S. OSPREY AVE
SUITE 200
SARASOTA, FL 34239**

Mailing Address

**1435 S. OSPREY AVE
SUITE 200
SARASOTA, FL 34239**



01272008 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

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000000811998
02/12/08-80029-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #