

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028624

FILED  
Apr 13, 2009  
Secretary of State

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:

1540 S. TAMiami TRAIL  
SUITE 301  
SARASOTA, FL 34239

## Current Mailing Address:

1435 S. OSPREY AVE  
SUITE 200  
SARASOTA, FL 34239

## New Mailing Address:

1540 S. TAMiami TRAIL  
SUITE 301  
SARASOTA, FL 34239

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:

LEWIS, CLIFTON T MD  
1540 S. TAMiami TRAIL  
SUITE 301  
SARASOTA, FL 34239 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:

04/13/2009

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: D (X) Change ( ) Addition  
Name: LEWIS, CLIFTON MD  
Address: 1540 S. TAMiami TRAIL, SUITE 301  
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Change ( ) Addition  
Name: BEGGS, MARTIN MD  
Address: 1540 S. TAMiami TRAIL, SUITE 301  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN BEGGS, MD

DIR

04/13/2009

Electronic Signature of Signing Officer or Director

Date