

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038321

FILED
Jan 10, 2005
Secretary of State

Entity Name: INSTITUTE FOR THORACIC SURGERY, P.A.

Current Principal Place of Business:

7000 SOUTHWEST 62ND AVENUE SUITE 210
SOUTH MIAMI, FL 33143

New Principal Place of Business:

6201 SW 70TH STREET
SUITE # 104
SOUTH MIAMI, FL 33143

Current Mailing Address:

7000 SOUTHWEST 62ND AVENUE SUITE 210
SOUTH MIAMI, FL 33143

New Mailing Address:

P.O. BOX 43-1341
SOUTH MIAMI, FL 33243

FEI Number: 20-0821007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEST, GEORGE F III, ESQ
220 EAST CENTRAL PARKWAY SUITE 2030
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

DYLEWSKI, MARK R MD
P.O. BOX 43-1341
SOUTH MIAMI, FL 33243 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: MAR R. DYLEWSKI, M.D.

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: DYLEWSKI, MARK R MD
Address: 6201 SW 70TH STREET, SUITE 104
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SEC () Change (X) Addition
Name: DYLEWSKI, MARK R MD
Address: 7370 SW 129TH STREET
City-St-Zip: PINCREST, FL 33156

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: MARK R. DYLEWSKI, M.D.

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date