

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038321

FILED
Jan 19, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

6201 SW 70 STREET
104
SOUTH MIAMI, FL 33143

FEI Number: 20-0821007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYLEWSKI, MARK R MD
P.O. BOX 43-1341
SOUTH MIAMI, FL 33243 US

Name and Address of New Registered Agent:

DYLEWSKI, MARK R MD
6201 SW 70 STREET
104
SOUTH MIAMI, FL 33143 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:

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: DYLEWSKI, MARK R MD
Address: 17221 SW 88 COURT
City-St-Zip: PALMETTO BAY, FL 33157

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: MARK R. DYLEWSKI, M.D.

PRES

01/19/2007

Electronic Signature of Signing Officer or Director

Date