

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000110932

FILED
Dec 01, 2008
Secretary of State

Entity Name: BAY HEART GROUP MANAGEMENT, P.A.

Current Principal Place of Business:

2814 W VIRGINIA AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2814 W VIRGINIA AVE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 22-3941347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W BOY SCOUT BLVD SUITE 1000
TAMPA, FL 33607 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOVER, MATTHEW
Address: 4209 W CULBREATH AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: GOLDMAN, ANTHONY P
Address: 3304 WESTMORELAND DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: IRWIN, JAMES M
Address: 16054 PENWOOD DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: PRIDA, XAVIER E
Address: 2626 S DUNDEE BLVD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: TOOLE, JOHN C
Address: 4415 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GLOVER, MATTHEW
Address: 4209 W CULBREATH AVE
City-St-Zip: TAMPA, FL 33609

Title: DS (X) Change () Addition
Name: GOLDMAN, ANTHONY P
Address: 3304 WESTMORELAND DR
City-St-Zip: TAMPA, FL 33618

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

Title: DT (X) Change () Addition
Name: PRIDA, XAVIER E
Address: 2626 S DUNDEE BLVD
City-St-Zip: TAMPA, FL 33629

Title: DVP (X) Change () Addition
Name: TOOLE, JOHN C
Address: 4415 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

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: MATTHEW GLOVER, M.D.

DP

12/01/2008

Electronic Signature of Signing Officer or Director

Date