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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11713** (5)
1. Corporation Name
CARDIOVASCULAR, THORACIC & GENERAL SURGERY, S.C.



Principal Place of Business: **5622 MARINE PARKWAY, SUITE 21
NEW PORT RICHEY FL 34652**
Mailing Address: **5622 MARINE PARKWAY, SUITE 21
NEW PORT RICHEY FL 34652-4330**

3. Date Incorporated or Qualified: **10/08/1986**
3a. Date of Last Report: **03/26/1996**
4. FEI Number: **39-1443494**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**KAMAT, P.V.
5622 MARINE PKWY., SUITE 21
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *P.V. Kamat* (P.V. Kamat MD) P.T.D. 3/19/97
DATE: 3/19/97

12. OFFICERS AND DIRECTORS
TITLE: **PTD** DELETE
NAME: **KAMAT, P.V.**
STREET ADDRESS: **5622 MARINE PARKWAY #21
NEW PORT RICHEY FL**
CITY - ST - ZIP:
TITLE: **VS** DELETE
NAME: **KAMAT, CYNTHIA J.**
STREET ADDRESS: **5622 MARINE PARKWAY #21
NEW PORT RICHEY FL**
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY - ST - ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY - ST - ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY - ST - ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY - ST - ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY - ST - ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *P.V. Kamat* 3/19/97 813-845-1778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)