

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

55 MAY - 1 14 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION -
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

1995-195 B-6590 CORPORATIONS MC

DOCUMENT # P93000038098 (8)

1. Corporation Name

PALM BEACH HEART SURGERY, P.A.

Principal Place of Business

3385 BURNS RD
STE 106
PALM BCH GRDNS FL 33410
US

Mailing Address

3385 BURNS RD
STE 106
PALM BCH GRDNS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0412821

Applied For

Not Applicable

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

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

RYAN, JAMES D
712 U S HWY 1
4TH FLR
NO PALM BCH FL 33408

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

(Signature, typed or printed name of registered agent, and title of organization)

(NOTE: Designated Agent Signature required when re-designating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SADOW, SAMUEL H
STREET ADDRESS 3385 BURNS RD STE 106
CITY- ST- ZIP PALM BCH GRDNS FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form, or on any supplemental annual report in truth and accuracy 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 of this report.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4/30/95 467-627-9454