FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068317

1. Corporation Name

Central Florida Heart Network, Inc.

600001459616
-04/18/95--01119--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
615 E. Princeton Street Suite 520 Orlando, FL 32803	615 E. Princeton Street Suite 520 Orlando, FL 32803

3. Date Incorporated or Qualified: 10/01/1993

3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-3224427 ☐ 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

9. Name and Address of Current Registered Agent

Radoszewski Andrew
615 E. Princeton Street
Suite 520
Orlando, FL 32803

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

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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, Director	11 TITLE	Director	☐ Change ☒ Addition
NAME	Russell J. Ivanhoe, M.D.	12 NAME	Carlos B. Saenz	
STREET ADDRESS	615 E. Princeton St., Suite 520	13 STREET ADDRESS	615 E. Princeton St., Suite 520	
CITY-ST-ZIP	Orlando, FL 32803	14 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Vice President, Director	21 TITLE	Director	☐ Change ☒ Addition
NAME	William E. Story, M.D.	22 NAME	Andrew Taussig	
STREET ADDRESS	615 E. Princeton St., Suite 520	23 STREET ADDRESS	615 E. Princeton St., Suite 520	
CITY-ST-ZIP	Orlando, FL 32803	24 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Treasurer	31 TITLE		☐ Change ☐ Addition
NAME	Andrew Radoszewski	32 NAME		
STREET ADDRESS	615 E. Princeton St., Suite 520	33 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803	34 CITY-ST-ZIP		
TITLE	Secretary	41 TITLE		☐ Change ☐ Addition
NAME	Suzanne M. Bethel	42 NAME		
STREET ADDRESS	615 E. Princeton St., Suite 520	43 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803	44 CITY-ST-ZIP		
TITLE	Director	51 TITLE		☐ Change ☐ Addition
NAME	Hall B. Whitworth, M.D.	52 NAME		
STREET ADDRESS	615 E. Princeton St., Suite 520	53 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803	54 CITY-ST-ZIP		
TITLE	Director	61 TITLE		☐ Change ☐ Addition
NAME	Kerry M. Schwartz, M.D.	62 NAME		
STREET ADDRESS	615 E. Princeton St., Suite 520	63 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803	64 CITY-ST-ZIP		

4/18/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Andrew Radoszewski TREASURER 4/6/95 4078948087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #