FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000068317 (5)**

1. Corporation Name

CENTRAL FLORIDA HEART NETWORK, INC.

Principal Place of Business	Mailing Address
615 E PRINCETON ST SUITE 520 ORLANDO FL 32803	615 E PRINCETON ST SUITE 520 ORLANDO FL 32803

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **04/18/1995**

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

2. Principal Place of Business
21 1613 N. Mills Ave
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32803
25 Country: ~~ORANGE~~

2a. Mailing Address
26 1613 N. Mills Ave.
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32803
30 Country: O

9. Name and Address of Current Registered Agent

RADOSZEWSKI, ANDREW
615 E PRINCETON ST
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): 1613 N. Mills Ave
83
84 City: Orlando **FL** 85 Zip Code: 32803

11. Pursuant to the provisions of Section 607.0502 and 617.0502, 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. The 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: Andrew Radoszewski ANDREW RADOSZEWSKI TREASURER 3-21-96
Signature of new registered agent, if changing — Name and Capacity — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	IVANHOE, RUSSELL J MD	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPD	☐ DELETE
NAME	STORY, WILLIAM E MD	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	☐ DELETE
NAME	RADOSZEWSKI, ANDREW	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	☐ DELETE
NAME	BETHEL, SUZANNE M	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☒ DELETE
NAME	WHITWORTH, HALL B MD	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☒ DELETE
NAME	SCHWARTZ, KERRY M	
STREET ADDRESS	615 E PRINCETON ST., STE 520	
CITY-ST-ZIP	ORLANDO FL 32803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1613 N. Mills Ave.	
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	1613 N. Mills Ave.	
24 CITY-ST-ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	1613 N. Mills Ave.	
34 CITY-ST-ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	1613 N. Mills Ave	
44 CITY-ST-ZIP		
51 TITLE	Director	☒ Change ☒ Addition
52 NAME	GREENWOOD, Scott D.	
53 STREET ADDRESS	1613 N. Mills Ave	
54 CITY-ST-ZIP	ORLANDO, FL 32803	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, and that this entity, formerly authorized does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added above.

SIGNATURE: Andrew Radoszewski TREASURER 3/21/96 407 894-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
ANDREW RADOSZEWSKI