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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000068317 (5)

1. Corporation Name

CENTRAL FLORIDA HEART NETWORK, INC.

FILED
May 12 1998 8:00am
Secretary of State



| | | | |
|--|----------------------|--|----------------------|
| Principal Place of Business | | Mailing Address | |
| 80 W LUCERNE CIRCLE SUITE 520 ORLANDO FL 32801 US | | 80 W LUCERNE CIRCLE SUITE 520 ORLANDO FL 32801 US | |
| 2. Principal Place of Business 21 1613 N. Mills Ave Suite, Apt. #, etc. | | 2a. Mailing Address 26 1613 N. Mills Ave Suite, Apt. #, etc. | |
| 22 | | 27 City & State 23 Orlando FL | |
| Zip 24 32803 | Country 25 Orange | Zip 29 32803 | Country 30 Orange |
| 9. Name and Address of Current Registered Agent CHANDLER, DEBBIE 80 W LUCERNE CIRCLE SUITE 520 ORLANDO FL 32801 | | | |
| 10. Name and Address of New Registered Agent 81 Name Russell Ivanhoe MD 82 Street Address (P.O. Box Number Is Not Acceptable) 1613 N Mills Avenue | | | |

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 *Murphy Phle*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4/23/98*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD IVANHOE, RUSSELL J MD 80 W LUCERNE CIRCLE ORLANDO FL | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD STORY, WILLIAM E MD 80 W LUCERNE CIRCLE ORLANDO FL | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHANDLER, DEBBIE 80 W LUCERNE CIRCLE ORLANDO FL | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BETHEL, SUZANNE M 80 W LUCERNE CIRCLE ORLANDO FL | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENWOOD, SCOTT D 1613 N MILLS AVE ORLANDO FL | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWARTZ, KERRY M 80 W LUCERNE CIRCLE ORLANDO FL | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

14. I 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 any address.

SIGNATURE *Murphy Phle*

4/23/98

8011-111716

CR2E034 (10/97)