

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000068317 (5)

1. Corporation Name

CENTRAL FLORIDA HEART NETWORK, INC.



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| Principal Place of Business 80 W LUCERNE CIRCLE SUITE 520 ORLANDO FL 32801 US | Mailing Address 80 W LUCERNE CIRCLE SUITE 520 ORLANDO FL 32801 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 1613 N. Mills Ave Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32803 | 2a. Mailing Address 26 1613 N. Mills Ave Suite, Apt. #, etc. 27 City & State 28 Orlando FL Zip 29 32803 |
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| 3. Date Incorporated or Qualified 10/01/1993 | 4. FEI Number 59-3224427 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| 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 83 84 City Orlando FL 85 Zip Code 32803 |
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *X Russell Ivanhoe* **4/23/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE PD <input type="checkbox"/> DELETE NAME IVANHOE, RUSSELL J MD STREET ADDRESS 80 W LUCERNE CIRCLE CITY-ST-ZIP ORLANDO FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE VPD <input type="checkbox"/> DELETE NAME STORY, WILLIAM E MD STREET ADDRESS 80 W LUCERNE CIRCLE CITY-ST-ZIP ORLANDO FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE T <input type="checkbox"/> DELETE NAME CHANDLER, DEBBIE STREET ADDRESS 80 W LUCERNE CIRCLE CITY-ST-ZIP ORLANDO FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE T 3.2 NAME Joan Bryan 3.3 STREET ADDRESS 1613 N. Mills Avenue 3.4 CITY-ST-ZIP Orlando FL 32803 | |
| TITLE S <input type="checkbox"/> DELETE NAME BETHEL, SUZANNE M STREET ADDRESS 80 W LUCERNE CIRCLE CITY-ST-ZIP ORLANDO FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE S 4.2 NAME Carol Glashman 4.3 STREET ADDRESS 5006 Colonial Drive 4.4 CITY-ST-ZIP Orlando FL 32803 | |
| TITLE D <input type="checkbox"/> DELETE NAME GREENWOOD, SCOTT D STREET ADDRESS 1613 N MILLS AVE CITY-ST-ZIP ORLANDO FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE NAME SCHWARTZ, KERRY M STREET ADDRESS 80 W LUCERNE CIRCLE CITY-ST-ZIP ORLANDO FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE D 6.2 NAME Sai Lanza, MD 6.3 STREET ADDRESS 1613 N Mills Avenue 6.4 CITY-ST-ZIP Orlando FL 32803 | |

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 an address.

SIGNATURE *X Russell Ivanhoe* **4/23/98** **9011-11171**

CR2E034 (10/97)