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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000080786 (5)

1. Corporation Name

HEARTCARE INSTITUTE OF TAMPA, P.A.



Principal Place of Business

14320 BRUCE B. DOWNS BLVD.
TAMPA FL 33613

Mailing Address

14320 BRUCE B. DOWNS BLVD.
TAMPA FL 33613-2601

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3212421

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

10. Name and Address of New Registered Agent

COTO, HUMBERTO
14320 BRUCE B. DOWNS BLVD.
TAMPA FL 33613

81 Name

Thomas W Woodrow

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

14320 N Bruce B Downs Blvd

83

84 City

TAMPA

FL

85 Zip Code

33613

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WOODROW, THOMAS W
STREET ADDRESS 14320 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

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

TITLE D ☒ DELETE
NAME OTERO, JORGE E
STREET ADDRESS 14320 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

21 TITLE ☒ Change ☐ Addition
22 NAME Medina, Roberto P
23 STREET ADDRESS 14320 N Bruce B Downs Blvd
24 CITY-ST-ZIP TAMPA, FL 33613

TITLE D ☐ DELETE
NAME POPE, JAMES E
STREET ADDRESS 14320 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

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

TITLE D ☒ DELETE
NAME COTO, HUMBERTO
STREET ADDRESS 14320 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

41 TITLE ☒ Change ☐ Addition
42 NAME Berman, Peter
43 STREET ADDRESS 14320 N Bruce B Downs Blvd
44 CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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-02/07/97--01048--011
***165.00

14. I do 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.

CR2E034 (9/96)