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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080786

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODROW, THOMAS W
14320 N. BRUCE B DOWNS BLVD
TAMPA FL 33613**

81 Name
R. Andrew Rock

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

401 East Jackson Street

83 Suite **2500**

84 City
Tampa

FL

85 Zip Code
33602

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

R. Andrew Rock
Signature, typed or printed name of registered agent and title if applicable.

R. Andrew Rock
(NOTE: Registered Agent signature required when reinstating)

1/11/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **D, V** ☒ Change ☐ Addition
1.2 NAME **Thomas W. Woodrow**
1.3 STREET ADDRESS **14320 N. Bruce B. Downs Boulevard**
1.4 CITY-ST-ZIP **Tampa, Florida 33613**

TITLE ☐ DELETE
NAME **D MEDINA, ROBERTO P**
STREET ADDRESS **14320 N BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

2.1 TITLE **D, S** ☒ Change ☐ Addition
2.2 NAME **Roberto P. Medina**
2.3 STREET ADDRESS **14320 N Bruce B. Downs Boulevard**
2.4 CITY-ST-ZIP **Tampa, Florida 33613**

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

3.1 TITLE **D, P** ☒ Change ☐ Addition
3.2 NAME **James E. Pope**
3.3 STREET ADDRESS **14320 N. Bruce B. Downs Boulevard**
3.4 CITY-ST-ZIP **Tampa, Florida 33613**

TITLE ☒ DELETE
NAME **D BERMAN, PETER**
STREET ADDRESS **14320 N BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

4.1 TITLE **D, T** ☐ Change ☒ Addition
4.2 NAME **Hal J. Applebaum**
4.3 STREET ADDRESS **14320 N. Bruce B. Downs Boulevard**
4.4 CITY-ST-ZIP **Tampa, Florida 33613**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 an address, with all other like empowered.

SIGNATURE:

James E. Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/11/99
Date

813-971-4544
Daytime Phone #

CR2E034 (11/98)