FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084566 (7)

1. Corporation Name
GULF TO BAY CARDIAC SURGICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3450 E. FLETCHER AVE. SUITE 260 TAMPA FL 33613	3450 E. FLETCHER AVE. SUITE 260 TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: ~~APPLIED FOR~~ 59-3239360 ☐ 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
WEINBREN, DON B 101 E. KENNEDY BLVD. SUITE 2800 TAMPA FL 33601	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

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 _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VIJAY, R.	12 NAME	
STREET ADDRESS	4 COLUMBIA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	YARNOZ, MICHAEL D	22 NAME	
STREET ADDRESS	3450 E. FLETCHER AVE., SUITE 260	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NICHOLAS, SEARS J	32 NAME	
STREET ADDRESS	3450 E. FLETCHER AVE., SUITE 260	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WATERS, RAYMOND S	42 NAME	
STREET ADDRESS	3450 E. FLETCHER AVE., SUITE 260	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DESANTIS, MARSHALL	52 NAME	
STREET ADDRESS	14100 FEVAY RD., SUITE 300	53 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/28/95 813-972-1660
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MICHAEL H. YARNOZ, MD

000036 CP