

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3293360

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WEINBREN, DON B  
101 E. KENNEDY BLVD.  
SUITE 2800  
TAMPA FL 33601

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
VJAY, R.  
STREET ADDRESS  
4 COLUMBIA DR.  
CITY-ST-ZIP  
TAMPA FL 33606

1.2 TITLE ☐ DELETE

NAME  
YARNOZ, MICHAEL D  
STREET ADDRESS  
3450 E. FLETCHER AVE., SUITE 260  
CITY-ST-ZIP  
TAMPA FL 33613

1.3 TITLE ☐ DELETE

NAME  
NICHOLAS, SEARS J  
STREET ADDRESS  
3450 E. FLETCHER AVE., SUITE 260  
CITY-ST-ZIP  
TAMPA FL 33613

1.4 TITLE ☐ DELETE

NAME  
WATERS, RAYMOND S  
STREET ADDRESS  
3450 E. FLETCHER AVE., SUITE 260  
CITY-ST-ZIP  
TAMPA FL 33613

1.5 TITLE ☐ DELETE

NAME  
DESANTIS, MARSHALL  
STREET ADDRESS  
14100 FEVAY RD., SUITE 300  
CITY-ST-ZIP  
HUDSON FL 34667

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/96 813-977-1606

CR2E034 (12/95)