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FILED

Jan 22 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 # P93000084566 (7)

1. Corporation Name

GULF TO BAY CARDIAC SURGICAL ASSOCIATES, INC.

Principal Place of Business

3450 E. FLETCHER AVE.  
SUITE 260  
TAMPA FL 33613

Mailing Address

3450 E. FLETCHER AVE.  
SUITE 260  
TAMPA FL 33613-4600



3. Date Incorporated or Qualified  
12/06/1993

3a. Date of Last Report  
01/24/1996

4. FEI Number  
59-3293360

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 813-977-1606  
Date Daytime Phone #

CR2E034 (9/96)