0032707

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 MAR 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014710

1. Corporation Name
JACKSONVILLE HEART CENTER, P.A.

Principal Place of Business
1801 BARR ST.
SUITE 720
JACKSONVILLE FL 32204

Mailing Address
1801 BARR ST.
SUITE 720
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/01/1994

4. FEI Number
59-3221727
[ ] 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

9. Name and Address of Current Registered Agent

SCHRANK, JOEL P M.D.
1801 BARR ST.
SUITE 720
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
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 DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	[ ] DELETE
NAME	ADAMS, KENNETH V M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DV	[ ] DELETE
NAME	FARRELL, PAUL W M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DV	[ ] DELETE
NAME	HASSEL, C. DAVID M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DV	[ ] DELETE
NAME	LITT, MARC R M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DV	[ ] DELETE
NAME	NEIBAUR, MATTHEW T M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DCEO	[ ] DELETE
NAME	SCHRANK, JOEL P M.D.	
STREET ADDRESS	%1801 BARR ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

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: ______ 3/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)