

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **P94000090523 (9)**

95 MAY -1 PM 1:26

CARDIOVASCULAR SURGEONS INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Office Address		Mailing Address		Date of Report		Date of Last Report	
217 HILLCREST ST. ORLANDO FL 32801		217 HILLCREST ST. ORLANDO FL 32801		12/13/1994			
2a. Mailing Address		2b. Mailing Address		4. FID Number		Applied For	
26		26		59-3305013		Not Applicable	
27		27		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
29		29		8. This corporation has liability for intangible tax under S. 190.01(2), Florida Statutes		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DANIELS, ALAN H 800 NORTH MAGNOLIA AVE. SUITE 1500 ORLANDO FL 32803				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 220.01 and 220.02, 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, officers, and agent the appointment of a registered agent. I am familiar with and accept the obligations of Sections 220.01 and 220.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SCOTT, MEREDITH L 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition
NAME	D SPECTOR, S. DAVID 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition
NAME	D MOSELEY, PATTERSON W 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition
NAME	D SCHUMACHER, PAUL D 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition
NAME	D THOMPSON, PAUL A 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition
NAME	D STOWE, CARY L 217 HILLCREST ST. ORLANDO FL 32801	NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and correct and complete for the corporation stated as has been filed with the Florida Department of State. I further certify that the information reflects the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. That any change of director of the corporation or the removal or resignation of any officer or director is reported by a change of the Florida Statutes, and that my further signature on this report is a true and correct statement with an affidavit.

SIGNATURE:

Alan H. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407-425-1566