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 # **P94000090523 (9)**

1. Corporation Name

CARDIOVASCULAR SURGEONS INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Place of Business
217 HILLCREST ST.
ORLANDO FL 32801

Mailing Address
217 HILLCREST ST.
ORLANDO FL 32801

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-3305013** — 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803

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 Section 607.0505 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 of New Registered Agent — Date: 6/14/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCOTT, MEREDITH L	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	SPECTOR, S. DAVID	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	MOSELEY, PATTERSON W	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	SCHUMACHER, PAUL D	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	THOMPSON, PAUL A	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	STOWE, CARY L	
STREET ADDRESS	217 HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Joseph H. Boyer, Jr.	
1.3 STREET ADDRESS	217 Hillcrest Street	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Sohrab Gerami	
2.3 STREET ADDRESS	2320 N. Orange Avenue	
2.4 CITY-ST-ZIP	Orlando, FL 32804	
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		

700001897117
-07/17/96--01090--023
***225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, 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 in an attachment with an addition.

SIGNATURE: Meredith Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/17/96