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Mar 06 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 # 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 32801-1211

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

07/17/1996

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

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D Joseph H. Boyer, M.D.
217 Hillcrest Street
Orlando, Florida 32801

D Sohrab Gerami, M.D.
2320 N. Orange Avenue
Orlando, Florida 32804

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)