

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/13/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3305013	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, MEREDITH L			1.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPECTOR, S. DAVID			2.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSELEY, PATTERSON W			3.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHUMACHER, PAUL D			4.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, PAUL A			5.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOWE, CARY L			6.2 NAME			
STREET ADDRESS	217 HILLCREST ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			6.4 CITY-ST-ZIP			

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 person or persons authorized 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 my address.

SIGNATURE _____

CR2E034 (10/97)

2-13-98

407-425-157-6