AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-17-2003 91078 033 ****61.25
FILED P95000049348

03 MAR 24 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049348

1. Entity Name
CENTRAL FLORIDA HEART CENTER, P.A.

Principal Place of Business	Mailing Address
3310 SW 34TH ST OCALA, FL 34474 US	3310 SW 34TH ST OCALA, FL 34474 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3321229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABCOCK, RONALD J
3310 SW 34TH ST
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name: William F. Dresen
Street Address (P.O. Box Number is Not Acceptable): 3310 SW 34th St
City: Ocala FL Zip Code: 34474

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] William F. Dresen 2/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

FILING FEE IS $350.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DRESEN, WILLIAM F. 3310 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jayanti Panchal 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, RONALD 3310 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Alonso 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MITTAL, VIJAY K. 3301 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anis Shahmiri 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAI, SWAROOP 3310 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Srinivasa Murthy 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STONE, IRA M. 3310 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Asad U. Qamar 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YUTANI, FREDRICK 3310 SW 34TH ST OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Julio Ugarte 3310 SW 34th St Ocala, FL 34474	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] William F. Dresen 2/24/03 (352) 873-1919
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #