
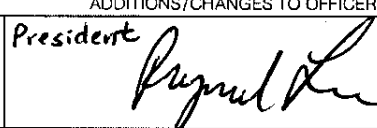
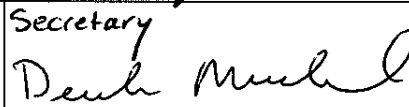
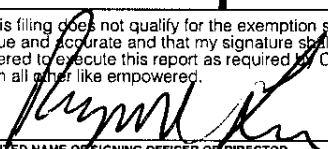


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90004 007 ***150.00

DOCUMENT # P95000080909 1. Entity Name CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.					
Principal Place of Business DILLON PROFESSIONAL BUILDING 1820 BARRS STREET - SUITE 715 JACKSONVILLE, FL 32204			Mailing Address DILLON PROFESSIONAL BUILDING 1820 BARRS STREET - SUITE 715 JACKSONVILLE, FL 32204		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3338654	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIRICO, LOUISE J 1820 BARRS ST. STE 715 JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S LEE, RAYMOND 1820 BARRS STREET #715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUEHRCKE, DEREK D 1820 BARRS ST #715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSTOVYCH, MARK A 1820 BARRS ST #715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINGARD, THEODORE 1820 BARRS ST. #715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSAR, CHARLES 1820 BARRS ST. STE. 715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGNEW, RICHARD 1820 BARRS STREET #715 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2/17/04 904 384 3343		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		