


FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90104 030 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIRICO, LOUISE J 1820 BARRS ST. STE 715 JACKSONVILLE, FL 32204				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P LEE, RAYMOND 1820 BARRS STREET #715 JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D Bluett, Michael 1820 Barrs Street #715 Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MUEHRCKE, DEREK D 1820 BARRS ST #715 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,D Muehrcke, Derek D. 1820 Barrs Street #715 Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" 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	D Still, Robert 1820 Barrs Street #715 Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WINGARD, THEODORE 1820 BARRS ST. #715 JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,D Lee, Raymond 1820 Barrs Street #715 Jacksonville, FL 32204 <input checked="" 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	D Harding, Alfred 1820 Barrs Street #715 Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" 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	D Winegard, Theodore 1820 Barrs Street #715 Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael Bluett</u> Michael Bluett, President <u>904.324.3343</u> <small>SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

40003659



01102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3338654
☐ Applied For
☒ Not Applicable

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

ATTACHMENT
#095000080909

40003659

**OFFICERS AND DIRECTORS OF
CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.**

Michael Bluett	President/Director
Raymond Lee	Vice President/Director
Derek D. Muehrcke	Secretary/Director
Richard Agnew	Director
Charles Cousar	Director
Alfred Harding	Director
Mark A. Mostovych	Director
Robert Still	Director
Theodore Wingard	Director