## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P95000080909

TITLE

NAME

STREET ADDRESS

SIGNATURE: 4

CITY-ST-ZIP

WINEGARD, THEODORE

JACKSONVILLE, FL 32204

1820 BARRS ST, #715

CARDIOTHORACIC & VASCULAR SURGICAL



FILED

May 04, 2007 8:00 am Secretary of State

☐ Change

904.384.3343

☐ Addition

05-04-2007 90071 041 \*\*\*150.00

ASSOCIATES, P.A. 4010400 Principal Place of Business Mailing Address DILLON PROFESSIONAL BUILDING **DILLON PROFESSIONAL BUILDING** 1820 BARRS STREET - SUITE 715 JACKSONVILLE, FL 32204 1820 BARRS STREET - SUITE 715 JACKSONVILLE, FL 32204 2. Principal Place of Business - No P.O. Box #. 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (12/06) 02052007 Cha-P City & State City & State 4. FEI Number Applied For 59-3338654 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIRICO, LOUISE J Street Address (P.O. Box Number is Not Acceptable) 1820 BARRS ST. STE 715 JACKSONVILLE, FL 32204 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition BLUETT, MICHAEL NAME NAME STREET ADDRESS 1820 BARRS ST, #715 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME MUEHRCKE, DEREK D NAME STREET ADDRESS 1820 BARRS ST #715 STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOSTOVYCH, MARK A NAME NAME 1820 BARRS ST #715 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP VPD ☐ Delete TITLE TITLE ☐ Change ☐ Addition LEE, RAYMOND NAME NAME STREET ADDRESS 1820 BARRS ST, #715 STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition COUSAR, CHARLES NAME NAME STREET ADDRESS 1820 BARRS ST. STE, 715 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 attactment with an address, with all other like empowered.

OFFICERS AND DIRECTORS OF

CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.

Michael Bluett

Raymond Lee

Derek D. Muehrcke Richard Agnew

Charles Cousar Alfred Harding Mark A. Mostovych

Robert Still Theodore Wingard President/Director

Vice President/Director

Secretary/Director

Director Director

Director

Director Director

Director