

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 011 \*\*\*150.00

**DOCUMENT # P95000080909**

1. Entity Name  
**CARDIOTHORACIC & VASCULAR SURGICAL  
ASSOCIATES, P.A.**



Principal Place of Business  
**1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204**

Mailing Address  
**1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204**

40038714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3338654**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIRICO, LOUISE J  
1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **BLUETT, MICHAEL**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE SD ☐ Delete  
NAME **MUEHRCKE, DEREK D**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE D ☐ Delete  
NAME **MOSTOVYCH, MARK A**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE VPD ☐ Delete  
NAME **LEE, RAYMOND**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE D ☐ Delete  
NAME **COUSAR, CHARLES**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE D ☐ Delete  
NAME **WINEGARD, THEODORE**  
STREET ADDRESS **1824 KING STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40038714

#P95000080909

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

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