

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080909

FILED
Mar 04, 2009
Secretary of State

Entity Name: CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3338654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARNES, SHELIA
1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: SHELIA BARNES

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLUETT, MICHAEL
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD () Delete
Name: MUEHRCKE, DEREK D
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MOSTOVYCH, MARK A
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD () Delete
Name: LEE, RAYMOND
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: COUSAR, CHARLES
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: WINEGARD, THEODORE
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOSTOVYCH, MARK A
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUEHRCKE, DEREK D
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. MOSTOVYCH

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date