

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90022 014 ***150.00

DOCUMENT # **P96000035897**

1. Corporation Name
TRANSPLANT CARDIOLOGISTS, P.A.

Principal Place of Business
**HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, #720
TAMPA FL 33606**

Mailing Address
**HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, #720
TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1. Suite, Apt. #, etc.

2. City & State

3. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

59-3386766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SPOTO, EDWARD JR
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, #720
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SPOTO, EDWARD JR**
STREET ADDRESS **4 COLUMBIA DRIVE #720**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ DELETE
NAME **MESTER, STEPHEN W**
STREET ADDRESS **404 VONDERBERG DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ DELETE
NAME **BUGNI, WILLIAM**
STREET ADDRESS **404 VONDERBERG DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ DELETE
NAME **GARCIA, JUAN**
STREET ADDRESS **13701 BRUCE D. DOWNS BLVD STE 101**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ DELETE
NAME **RINDE-HOFFMAN, DEBBIE**
STREET ADDRESS **4 COLUMBIA DR #720**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ DELETE
NAME **CANEDO, MARIO**
STREET ADDRESS **13701 BRUCE D. DOWNS BLVD STE 101**
CITY-ST-ZIP **TAMPA FL 33613**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

1/31/99 813-251-0793

CR2E034 (11/98)