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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra L. Bartholomew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036427 (8)

1. Corporation Name

SOUTH COUNTY HEART GROUP, P.A.



Principal Place of Business

517 RIVIERA STREET, SUITE A
VENICE FL 34285

Mailing Address

517 RIVIERA STREET, SUITE A
VENICE FL 34285-2827

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 1225 Jacaranda Blvd.

Suite, Apt. #, etc.

22

City & State

23 Venice, FL

Zip

24 34292

Country

25 Sarasota

2a. Mailing Address

26 1225 Jacaranda Blvd.

Suite, Apt. #, etc.

27

City & State

28 Venice, FL

Zip

29 34292

Country

30 Sarasota

4. FEI Number

65-0662540

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34284

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 of type for 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 CORIN, WILLIAM J
STREET ADDRESS 400 S. TAMiami TRAIL, SUITE 130
CITY - ST - ZIP VENICE FL 34285

TITLE D ☐ DELETE
NAME NUZUM, ROBERT A
STREET ADDRESS 517 RIVIERA STREET, SUITE A
CITY - ST - ZIP VENICE FL 34285

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 415 Lyons Bay Road
1.4 CITY - ST - ZIP Nokomis, FL 34292

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 749 Eagle Point Drive
2.4 CITY - ST - ZIP Venice, FL 34292

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)