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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000036427 (8) DOCUMENT #

SOUTH COUNTY HEART GROUP, INC. Mailing Address Principal Place of Business 1225 JACARANDA BLVD. 1225 JACARANDA BLVD. VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0662540 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOONE, STEPHEN K Silberste<u>ir</u> 1001 AVENIDA DEL CIRCO (P.O. Box Number is Not Acceptable) 82 VENICE FL 34284 83 ive. 84 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered orida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.6505, Florida Statutes. 11. Pursuant to the prov office of registered agent, or agent, I am familiar with, and agent / l am DAVID M. SILBERSTEIN SIGNATUR end title if applicable outred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE CORIN. WILLIAM J 1.2 NAME NAME 415 LYONS BAY ROAD 1.3 STREET ADDRESS STREET ADDRESS NOKOMIS FL 34292 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME NUZUM, ROBERT A 2.2 NAME 749 EAGLE POINT DRIVE 2.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 2. 4 CITY - ST - ZiP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADD STREET ADDRESS 6.4 CITY CITY-ST-ZIP 14. I hereby certify that the information supplied w indicated on this annual report or supplements officer or director of the corporation or the refee Block 12 or Block 13 if changed, or on an attach. of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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Mar 25 1998 8:00am

Secretary of State