

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036427

FILED
Jan 20, 2004
Secretary of State

Entity Name: SOUTH COUNTY HEART GROUP, INC.

Current Principal Place of Business:

1225 JACARANDA BLVD.
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

1225 JACARANDA BLVD.
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0662540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
C/O KIRK PINKERTON
720 S ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORIN, WILLIAM J
Address: 7302 PERIWINKLE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WOOLVERTON, WILLIAMS S
Address: 1777 S POINTE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: ELLIOTT, LAWRENCE J
Address: 371 SWALLOW CIRCLE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WOOLVERTON, WILLIAM S
Address: 1777 S POINTE DRIVE
City-St-Zip: SARASOTA, FL 34231

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM J. CORIN M.D.

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date