2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State 01-27-2005 90057 039 ***150.00

DOCUMENT # P96000036427 1. Entity Name SOUTH COUNTY HEART GROUP, INC.								0	1-27-2005	90057 0	39 ***150	.00
SOUTH												
Principal Plac 1225 JACARA VENICE, FL	ANDA BLVD.	Mailing Address 1225 JACARANDA BLVD. VENICE, FL 34292 US					(1881 t (8 1811)		07489	NPAL (1 IAB)	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-A1 - V-2-113	011326	005	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Number 65-0662540				h 	pplied For at Applicable
Zip	•••	Country Zip			Coun	ntry			Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1											Agent	
SILBERSTEIN, DAVID M C/O KIRK PINKERTON 720 S ORANGE AVE SARASOTA, FL 34236						Street Address (P.O. Box Number is Not Acceptable) BOZ 11+h Street W						
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8. The above the obligat		y submits this statement for	HO DULO	ose of changing its	registere	ed office or regis	istered agent,	or both, ir	n the State of	Florida. I an	n familiar with,	and accept
SIGNATURE Signature (NOTE Segistered Agent signature required when remstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.						" — "	\$5.00 May E Added to Fees					
10,		11.		ADDITI	IONS/CH	ANGES TO O	FFICERS AN	D DIRECTORS	3 IN 11			
TITLE	OFFICERS AND DIRECTORS 1 Delete 11										☐ Change	Addition
NAME	CORIN, WILLIAM J					tF						
STREET ADDRESS CITY+ST-ZIP	1	RIWINKLE DRIVE TA. FL 34231			EET ADDRESS '- ST- ZIP							
THILE	D Delete					E					Change	Addition
NAME		RTON, WILLIAM S		NAME		- f						}
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NAME	ELLIOTT, LAWRENCE 37					وجرات والمتا			~~37.4_ ~			
CITY-ST-ZIP	371 SWALLOW CIRCLE VENICE, FL 34292					EET ADDRESS (-ST-ZIP						
iITLE				☐ Delete	TITU	E					Сhange	☐ Addition
NAME CONT. F. ADDOC CO.	ļ				MAM	ie Ee1 400ress						
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TITLE.				☐ Delete	TITLE						☐ Change	Addition
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TITLE				☐ Delete	TITLE	l l					Change	☐ Addition
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CITY-ST-ZIP	<u></u>		· /			·ST-ZIP		07/6://: =	1-:	- 16 - 16		
12. I hereby certify that the information supplies the information indicated on this report or suppliements egyr is true and accurate any tryat my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tryatee principles execute the inport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with in address with additional like employered.												
SIGNAT	TURE:	'///		1/1	1	1			13/05	. 94	1-492- Daytine Phone #	5666
		SIGNATURE AND TYPED OR	PRINTED NAM	E OF SIGNING OFFICER	OR DIREC	ROT			Oate		Daytime Phone #	