

**SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

97 SEP 26 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000072752 (4)**  
1. Corporation Name  
**GULF COAST HEART NETWORK, INC.**

Principal Place of Business: **8333 NORTH DAVIS HIGHWAY PENSACOLA FL 32514**  
Mailing Address: **8333 NORTH DAVIS HIGHWAY PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: **09/03/1996**  
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **APPLIED FOR** 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 or has paid the current year Intangible Personal Property Tax due June 30. ( ) Yes ( ) No

9. Name and Address of Current Registered Agent  
**MCCRAW, D B M.D.  
8333 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRAW, D B M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>8333 NORTH DAVIS HIGHWAY</b>	1.3 STREET ADDRESS	<b>900002307489-2</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	1.4 CITY-ST-ZIP	<b>-09/30/97--01035--018</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, RODNEY M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>906 B MARWALT DRIVE</b>	2.3 STREET ADDRESS	<b>***\$550.00 ***\$550.00</b>
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32547</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZENSTEIN, MARK M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>103 WEST COLLEGE BLVD. #1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32575</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANCO, MARK C M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>8333 NORTH DAVIS HIGHWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, DAN F M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>8333 NORTH DAVIS HIGHWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>9/29/26</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **9-17 8:00 AM 1997**

CR2E034 (4/97)