

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101716 (4)**

1. Corporation Name
BAY HEART GROUP, P.A.



Principal Place of Business 1106 N FRANKLIN STREET TAMPA FL 33602		Mailing Address 1106 N FRANKLIN STREET TAMPA FL 33602-3813		3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report
2. Principal Place of Business 21 2700 W. Martin Luther King Suite, Apt. #, etc. B1. 22 420		2a. Mailing Address 26 2700 W. Martin Luther King Suite, Apt. #, etc. 420 27 City & State 28 Tampa, Florida 29 33607 USA		4. FEI Number 59-3416226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, MATTHEW	1.2 NAME	
STREET ADDRESS	4209 W CULBREATH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, JAMES M	2.2 NAME	
STREET ADDRESS	18054 PENWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, RODNEY R	3.2 NAME	
STREET ADDRESS	18496 OFFENHAUER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDA, XAVIER E	4.2 NAME	
STREET ADDRESS	2826 S DUNDEE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, DENNIS M	5.2 NAME	
STREET ADDRESS	2089 HAWAII AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ANTHONY P	6.2 NAME	
STREET ADDRESS	3304 WESTMORELAND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	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:  2/13/97 818-875-9800

CR2E034 (9/96)