

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90056 045 ***150.00

DOCUMENT # P96000101716

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

Principal Place of Business
2700 W. MARTIN LUTHER KING BLVD.
420
TAMPA FL 33607
US

Mailing Address
2700 W. MARTIN LUTHER KING BLVD.
420
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1996

4. FEI Number
59-3416226

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGGS, E. JACKSON
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GLOVER, MATTHEW
STREET ADDRESS 4209 W CULBREATH AVE
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE
1.2 NAME John C. Toole
1.3 STREET ADDRESS 4415 Bayshore Blvd.
1.4 CITY-ST-ZIP Tampa, FL 33611

TITLE D
NAME IRWIN, JAMES M
STREET ADDRESS 16054 PENWOOD DR
CITY-ST-ZIP TAMPA FL 33647

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME RANDALL, RODNEY R
STREET ADDRESS 16496 OFFENHAUER RD
CITY-ST-ZIP ODESSA FL 33556

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PRIDA, XAVIER E
STREET ADDRESS 2626 S DUNDEE BLVD
CITY-ST-ZIP TAMPA FL 33629

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME CASSIDY, DENNIS M
STREET ADDRESS 2089 HAWAII AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GOLDMAN, ANTHONY P
STREET ADDRESS 3304 WESTMORELAND DR
CITY-ST-ZIP TAMPA FL 33618

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *X Matthew Glover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

813-875-9000

Daytime Phone #

0387792

CR2E034 (11/98)