2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# P97000065940

Entity Name: CENTRAL FLORIDA CARDIOTHORACIC SURGERY, P.A.

Current Principal Place of Business:

3861 OAKWATER CIRCLE
SUITE 1
ORLANDO, FL 32806

New Principal Place of Business:

1355 ORANGE AVENUE
SUITE 7
WINTER PARK, FL 32789

Current Mailing Address:

3861 OAKWATER CIRCLE
SUITE 1
ORLANDO, FL 32806

New Mailing Address:

1355 ORANGE AVENUE
SUITE 7
WINTER PARK, FL 32789

FEI Number: 59-3459930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, GREGORY T
3861 OAKWATER CIR
SUITE 1
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

SIMMONS, GREGORY T
1355 ORANGE AVENUE
SUITE 7
WINTER PARK, FL 32789 US

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: GREGORY T. SIMMONS, M.D. 05/11/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMMONS, GREGORY T
Address: 3861 OAKWATER CIR STE #1
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SIMMONS, GREGORY T
Address: 1355 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: GREGORY T. SIMMONS, M.D. D 05/11/2005
Electronic Signature of Signing Officer or Director Date