2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P97000089485 HEART SURGICAL GROUP OF VENICE, P.A. 03-06-2001 90313 034 ***150.00 Mailing Address Principal Place of Business 1921 WALDEMERE STREET STE. 814 1921 WALDEMERE STREET STE, B14 SARASOTA FL 34239 SARASOTA FL 34239 725357 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0795862 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAPER, W P Street Address (P.O. Box Number is Not Acceptable) 1921 WALDEMERE STREET STE. 814 SARASOTA FL 34239 Zip Code City FL 8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition Delete TITLE TITLE BEGGS, martin 1921 waldemere St, Ste 814 NAME GRAPER, W P NAME STREET ADDRESS 1921 WALDEMERE STREET STE. 814 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change ☐ Addition TITLE TITLE Delete LEWIS, CLIFTON NAME STREET ADDRESS 1921 WALDEMERE STREET STE. 814 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change ☐ Addition ☐ Delete TITLE TITLE TABAJE, HARÔLD A NAME NAME STREET ADDRESS 1921 WALDEMERE STREET STE. 814 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34239 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing obes not qualify 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 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 of trusted embowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

BARINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED