2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# P97000107034

Entity Name: BREVARD CARDIOTHORACIC SURGEONS, P.A.

Current Principal Place of Business:

1355 SOUTH HICKORY STREET
SUITE 202
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1355 SOUTH HICKORY STREET
SUITE 202
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3493501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOHRR, PHILIP F ESQUIRE
1800 W. HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MEAD, ROBERT W ESQUIRE
800 NORTH MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803 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: ROBERT MEAD 07/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GREENE, MICHAEL A M.D.
Address: 1355 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GREENE, MICHAEL A M.D.
Address: 1355 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Change (X) Addition
Name: MALIAS, MARK A MD
Address: 1355 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

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: MARK MALIAS MD ST 07/15/2005
Electronic Signature of Signing Officer or Director Date