

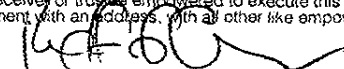


FILED
Apr 12, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P98000001079 1. Entity Name NAPLES HEART CENTER, P.A.</div><div style="text-align: center;"></div></div>		Secretary of State																																	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 680 2ND AVENUE NORTH SUITE 304 NAPLES, FL 34102 US</div><div>Mailing Address 680 2ND AVENUE NORTH SUITE 304 NAPLES, FL 34102 US</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">02112004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-3478790</div><div>Applied For Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>																																	
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE																																	
<div>6. Name and Address of Current Registered Agent LEVINE, RONALD L 680 2ND AVENUE NORTH SUITE 304 NAPLES, FL 34102</div>																																			
<div>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. I am familiar with, and accept the obligations of registered agent.</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																			
<div style="border: 1px solid black; padding: 5px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div>																																	
<div>10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">NAME</td><td style="width:10%;">STREET ADDRESS</td><td style="width:10%;">CITY - ST - ZIP</td></tr><tr><td></td><td>D</td><td>LEVINE, RONALD L</td><td>680 2ND AVENUE NORTH, STE. 304</td></tr><tr><td></td><td></td><td></td><td>NAPLES, FL 34102</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td></tr><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		D	LEVINE, RONALD L	680 2ND AVENUE NORTH, STE. 304				NAPLES, FL 34102	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<div style="text-align: center; padding: 20px;"><div>U000000109680 04/12/04-80052-019 150.00</div><div style="margin-top: 50px;">DO NOT WRITE IN THIS SPACE</div></div>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
	D	LEVINE, RONALD L	680 2ND AVENUE NORTH, STE. 304																																
			NAPLES, FL 34102																																
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																																
<div>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div style="text-align: right;">4/8/04 (239) 403-8572</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																																			