SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000006407 1. Corporation Name

CARDIAC SURGICAL ASSOCIATES, INC.

Principal Place of Business

455 PINELLAS STREET

SUITE 320 CLEARWATER FL 33756

2. Principal Place of Busines

Suite, Apt. #, etc.

City & State

22

23

12.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Jul 21, 1999 8:00 am Secrétary of State

07-21-1999 90010 041 ***550.00

292885 - 90**010 - 4**1

I IACIDAL KE DUBLINDU BER BERGE

cipal Place of Business	Mailing Address			7 7
PINELLAS STREET	455 PINELLAS STREET			•
TE 320 SUITE 320				
ARWATER FL 33756 CLEARWATER FL 33756			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			01/19/1998	
rincipal Place of Business	2a. Mailing Address	11	4. FEI Number	Applied For
455 Pinellas ST	26 455 PI	uellas ST	59-349 <u>22</u> 38	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
#320	27 #330			
City & State EleanWater, F	City & State	ER, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	Country	8. This corporation owes the current year	
33756 25 Country SA	33756 3	o vysa-	Intangible Personal Property.	Yes No
9. Name and Address of Cu	<u> </u>		10. Name and Address of New Registere	d Agent
		81 Name		
DEAL, THOMAS E				
455 PINELLAS STREET		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE/320 PARTER AT A TAKE		83		
CLEARWATER FL:33756	7 9 30 50 7 60			
BUTTAN TOWN		84 City	F	85 Zip Code
12				
Pursuant to the provisions of sections 607 office or registered agent, or both, in the sacent. I am familia with, and accept the	.0502 and 607.1508, Florida Statutes, State of Florida. Such change was aut oblications of, section 607.0505, Florid	the above-named come horized by the corporation to Statutes.	poration submits this statement for the purpose of tion's board of directors. I thereby accept the app	changing its registered ointment as registered
NATURE Monas	hae		718149	
Signature, typed or printed name of registere	d agent and title if applicable. (NOTE	: Registered Agent signature re		6
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
D	DELETE		D	Change Addition
DEAL, THOMAS		1.2 NAME	Sworkin, GARY H	20 8
TADDRESS 455 PINELLAS STREET S	JITE 320	1.3 STREET ADDRESS	455 Pinellas ST; Suite 3	Į Į
ST-ZIP CLEARWATER FL 33756		1.4 CITY-ST-ZIP	Clearwater, FL 33756	Ř
D	DELETE	2.1 TITLE	2 ,	Change Addition
PRUITT, J C JR		2.2 NAME	MURBACH, RICHARD A.	
TADDRESS 455 PINELLAS STREET SUITE 320		2.3 STREET ADDRESS	455 Pinellas St. j Svite 320	
ST-ZIP CLEARWATER FL 33756			CLEARWATER, FL 33756	
D	DELETE	3.1 TITLE T		Change Addition
HERIC, BAINE R	(DETEIE			
TADDRESS 455 PINELLAS STREET SUITE 320		3.3 STREET ADDRESS	JACOBS, JEFFrey 455 Pinellas ST.; Svite 32	0
CLEADWATED EL COZEO	OIL OF		learwater, FL 33756	
D CLEARWATER PL 33/30		3.4 CITY-ST-ZIP 4.1 TITLE	Tank Wat 4.K) 1.5 22 (26)	Characa Addition
	DELETE	l i		Change Addition
QUINTESSENZA, JAMES	A	4.2 NAME		

455 455 PINELLAS STREET SUITE 320 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CRAR 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE __ DELETE JACOL HERIC, BAINE R 3.2 NAME NAME 455 455 PINELLAS STREET SUITE 320 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** 3.4 CITY-ST-ZIP CLEAR CITY-ST-ZIP 4.1 TITLE TITLE DELETE QUINTESSENZA, JAMES A 4.2 NAME NAME 603 7TH STREET SOUTH SUITE 450 A 3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP 4.4 CITY-ST-ZIP 5 1 TITLE Change Addition TITLE DELETE VAN GELDER, HUGH M 5.2 NAME NAME 603 7TH STREET SOUTH SUITE 450 5.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** 5.4 CiTY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Botero. Luis M 6 2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP 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 attachmen

603 7TH STREET SOUTH SUITE 450

.© CLEARWATER FL 33756

SIGNING OFFICER OR DIRECTOR

Daytime Phone #