

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006407 1. Entity Name CARDIAC SURGICAL ASSOCIATES, INC.	
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Principal Place of Business 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US	Mailing Address 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492238	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURBACH, RICHARD A 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

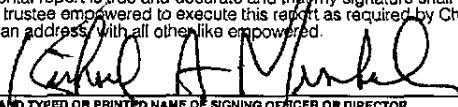
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000295780
04/09/05-80043-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWORKIN, GARY H 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTERO, LUIS 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, JEFFERY 455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEASTER, LYNN B 455 PINELLAS STREET, SUITE 320 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN GELDER, HUGH M 603 7TH STREET SOUTH SUITE 450 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURBACH, RICHARD A 455 PINELLAS ST. SUITE 320 CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
Date

Daytime Phone #