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.

Principal Place of Business	Mailing Address
455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US	455 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US

04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3492238
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURBACH, RICHARD A
455 PINELLAS STREET
SUITE 320
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000295780
04/09/05-80043-008 150.00

10. OFFICERS AND DIRECTORS

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

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12. 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 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: Richard A Murbach 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #