

09161999-90013-046-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750. 1999.

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
DOCUMENT # P98000013362

1. Corporation Name

CARDIAC ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1540 TAMiami TRAIL SOUTH
SARASOTA FL 34239

Mailing Address

1540 TAMiami TRAIL SOUTH
SARASOTA FL 34239

FILED

99 NOV 19 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

Applied For -

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐

Yes

No

9. Name and Address of Current Registered Agent

~~SOUZA, Peter~~ Thomas E. Blankenship
 1200 G PINE ISLAND ROAD / 1374 RIDGE RD.
 PLANTATION FL 33324
 SARASOTA, FL.
 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, below, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and see if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE President, Secretary, Director
 NAME THOMAS E. Blankenship
 STREET ADDRESS 1374 RIDGE RD.
 CITY-ST-ZIP SARASOTA, FL 34238
☐ DELETE
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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99

Date

541-554-0722

Daytime Phone #

CR2E034 (5/99)