

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90174 038 ***150.00

DOCUMENT # P98000062592					
1. Entity Name SUNCOAST HEART CLINIC, P.A.					
Principal Place of Business 5622 MARINE PWKY SUITE 2 NEW PORT RICHEY, FL 34652			Mailing Address 5622 MARINE PWKY SUITE 2 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04162004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3521979				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756			Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City: _____ FL Zip Code: _____		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	DP <input type="checkbox"/> Delete DESAI, AKSHAY D 5622 MARINE PKWY STE 2 NEW PORT RICHEY, FL 34652		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DESAI, AKSHAY D 5622 MARINE PKWY STE 2 NEW PORT RICHEY, FL 34652	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/04 727-808-9004 <small>Date Daytime Phone #</small>		