

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 25 AM 10:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # V27587 (7)**

**1. Corporation Name  
SPACE COAST HEART INSTITUTE, INC.**

**Principal Place of Business**  
1800 W EAU GALLIE BLVD  
#103  
MELBOURNE FL 32835  
US

**Mailing Address**  
1800 W EAU GALLIE BLVD  
#103  
MELBOURNE FL 32835  
US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 04/06/1992  
**3a. Date of Last Report** 05/17/1994

**4. FEI Number** 59-3119395  
**Applied For** Not Applicable

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

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

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **29** **30**

**9. Name and Address of Current Registered Agent**

**NICHOLAS, JAMES M.  
1901 S. HARBOR CITY BLVD.  
SUITE 705  
MELBOURNE FL 32901**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**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, or both, 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** GADODIA, GOPAL  
**STREET ADDRESS** 1600 W EAU GALLIE BLVD #103  
**CITY-ST-ZIP** MELBOURNE FL

**TITLE** VST  
**NAME** DESAI, SHASHIN R.  
**STREET ADDRESS** 1600 W EAU GALLIE BLVD #103  
**CITY-ST-ZIP** MELBOURNE FL

**TITLE** D  
**NAME** DESAI, SHASHIN R.  
**STREET ADDRESS** 1600 W. EAU GALLIE BLVD, #103  
**CITY-ST-ZIP** MELBOURNE FL

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**  Change  Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**  Change  Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**  Change  Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**  Change  Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Shashin R. Desai* SHASHIN R. DESAI (D) **4-19-95** (467)255-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date