

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000080909

**Entity Name:** CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES,  
P.A.**FILED**  
**Jul 13, 2016**  
**Secretary of State**  
**CC2480725368****Current Principal Place of Business:**1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204**Current Mailing Address:**1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204**FEI Number: 59-3338654****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARNES, SHELIA  
1824 KING STREET  
SUITE 200  
JACKSONVILLE, FL 32204 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name MOSTOVYCH, MARK A  
Address 1824 KING STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR, SECRETARY  
Name MUEHRCKE, DEREK D  
Address 1824 KING STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name STILL, ROBERT  
Address 1824 KING STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR, VP  
Name LEE, RAYMOND  
Address 1824 KING STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name BATES, NATHAN R  
Address 1824 KING STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name VO , DANNY  
Address 1824 KING STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name HARDING, ALFRED  
Address 1824 KING STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name RISLEY , GEOFFREY L.  
Address 1824 KING STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: MARK A. MOSTOVYCH, M.D.****PRESIDENT****07/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 MOORE , ERIN  
Address             1824 KING STREET  
                       SUITE 200  
City-State-Zip:   JACKSONVILLE FL 32204

Title                   DIRECTOR  
Name                 JAYASANKAR, VASANT  
Address             1824 KING STREET  
                       SUITE 200  
City-State-Zip:   JACKSONVILLE FL 32204