2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90195 023 ***150.00

DOCUMENT # 600835

1. Entity Name

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.

Principal Place of Business	Mailing Address
500 E COLONIAL DR ORLANDO FL 32803	500 E COLONIAL DR ORLANDO FL 32803

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1232309 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAUSSIG, ANDREW S MD 500 EAST COLONIAL DR. ORLANDO FL 32803	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 _____ 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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 TAUSSIG, ANDREW S 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kumar, Anil 500 East Colonial Drive Orlando, FL 32803	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STORY, WILLIAM E 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hardee, Michael S. 500 East Colonial Drive Orlando, FL 32803	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT POLLAK, SCOTT J 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barnett, J. Craig 500 East Colonial Drive Orlando, FL 32803	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WHITWORTH, HALL B JR 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stein, Bruce C. 500 East Colonial Drive Orlando, FL 32803	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RODRIGUEZ, A. RALPH 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAY, GREGORY A 500 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #