

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 037 ***150.00

DOCUMENT # 633966 1. Entity Name FLORIDA CARDIOVASCULAR CONSULTANTS, P.A.		
Principal Place of Business 1314 S FT HARRISON CLEARWATER, FL 33756 US		Mailing Address 1314 S FT HARRISON CLEARWATER, FL 33756 US
DO NOT WRITE IN THIS SPACE		
		 01252007 No Chg-P CR2EQ34 (11/05)
4. FEI Number 59-1931011		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent L. LAKSHMI NARAYAN 1314 S FT HARRISON AVE CLEARWATER, FL 33756		
		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD M.L. NARAYAN 1314 S FT HARRISON CLEARWATER, FL 33756	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>M. L. Narayan</u> 3-8-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		