## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F68420

1. Entity Name

CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY,



04-09-2004 90032 011 \*\*\*150.00

**FILED** 

Apr 09, 2004 8:00 am Secretary of State

Principal Place of Business

4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952

Mailing Address

4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952



02282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2171328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GARRETT, ROBERT B 4130 TAMIAMI TRAIL, SUITE 100 PORT CHARLOTTE, FL 33952

## 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 me obligations of registered agent.						
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	Il applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSENFIELD, LOUIS D. 24105 HARBOR VIEW ROAD PT. CHARLOTTE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R TREASURER RUGGIERI, DAVIDE RUGGIERI, DAVID E 25188 MARION AVE, #1040 1 MANDER SHAW LANG PUNTA GORDA, FL 33981					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	GARRETT, ROBERT B.  1129 CONOVER STREET PT CHARLOTTE, FL  VT SECRETARY POPPER, PAUL M.  2100 JAMAICA WAY PUNTA GORDA, FL  VP VICE TREASURER KRAMER, BARRY			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director.						

Ceman