2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Mar 12, 2007 8:00 am **Secretary of State** DOCUMENT # F68420 03-12-2007 90095 049 ***150.00 CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A. Principal Place of Business Mailing Address 4130 TAMIAMI TRAIL, SUITE 100 4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952 PT. CHARLOTTE FL 33952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2171328 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Namo GARRETT, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 4130 TAMIAMI TRAIL, SUITE 100 PORT CHARLOTTE FL 33952 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIVE ☐ Delete DILE 1 etfange ☐ Addition RUGGIERI, DAVID E NAME NAME POPPER PAUL M 2 MANDER SHAW LANE STREET ADDRESS STREET ADDRESS 1691 HUNTER CAREK DRIVE PUNTA GOADA FL 33982 PUNTA GORDA FL 33982 CHTY-SI-ZIP CITY - ST- ZIP TITLE ☐ Delete __Change ■ Addition GARRETT, ROBERT B KRAMER, BARRY NAME NAME 1129 CONOVER ST 7808 SANDERLING ROAD SARASOTA, FL 34242 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-7IP ROSENFIELD, LOUIS D 24105 HARBORVIEW ROAD VΡ Delete BILLE THE POPPER, PAUL M NAME NAMI STREET ADDRESS 2100 JAMICA WAY STREET ADDRESS PORT CHARLOHO FL. 33980 PUNTA GORDA FL 33950 CITY-ST-ZIP CHY-ST-ZIP Change Addition TITLE ☐ Delete TITLE RUGGIERI DAVID E L MANDER ShAW LANE KRAMER, BAARY NAME 7808 SAN DERLINE ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP PUNTA GOADA CITY - ST- 7IP VΤ ☐ Delete HILE GARRETT, ROBERT R ROSENFIELD, LOUIS D NAME 24105 HARBOUR VIEW ROAD 1129 CONOVER ST STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33980 PORT CHARLOHE FL CITY-ST-7IP CITY-ST-ZIP Delete HILE ■ Addition GARRETT, ROBERT B NAME NAME 1129 CONOVER ST STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-7IP CITY-ST-ZI I hereby certify that the information supplied with the indicated on this report or supplemental report is true ons contained in Section 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address Via - Pras. 3/1/07 94/629-4500 SIGNATURE:

FILED