2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT# F68420

1. Entity Name

CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90049 034 ***150.00

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Principal Place of Business 4130 TAMIAMI TRAIL. SUITE 100 PT. CHARLOTTE FL 33952	Mailing Address 4130 TAMIAMI TRAIL. SUITE 100 PT. CHARLOTTE FL 33952			
2. Principal Place of Business	3. Mailing Address			

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2. Principal	Place of Business	3. Mailing Address								
Suite, Ap	st. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State City & State			4.	4. FEI Number 59-2171328			Applied For			
Zip Country -		Zip Count						Not Applicable		
				5.	5. Certificate of Status Desired					
" "	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
GARRETT, ROBERT B				Name						
4130 TAMIAMI TRAIL, SUITE 100			Str	Street Address (P.O. Box Number is Not Acceptable)						
PORT CH	HARLOTTE FL 33952		-							
			Cit			·····	Žip Co			
8. The above	e named entity submits this statement fo	or the purpose of changing i	į i		good or both in the Cu	F	_ ' '			
the obliga	ations of registered agent.	a the purpose of changing (is registered (iii)	ce or registered a	igent, or both, in the Sta	ate of Florida. Tar	m tamiliar with	, and accept		
SIGNATURE			_							
	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent	signature required when	reinstating)	DATE				
F	TILE NOW!!! FEE IS \$150.00							<u>-</u>		
Afte	r May 1, 2003 Fee will be \$550.00				9. Election Camp			00 May Be		
Make Chec	k Payable to Florida Department of	State			Trust Fund Co	ntribution.	☐ Adde	d to Fees		
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTOR	RS IN 11		
TITLE	POSEMEIER LOUIS D	☐ Delete	TITLE	SEC"	1		Change	Addition		
NAME STREET ADDRESS	ROSENFIELD, LOUIS D. 24105 HARBOR VIEW ROAD		NAME	'						
CITY-ST-ZIP	PT. CHARLOTTE FL		STREET ADDR	ESS						
TITLE	V		CITY-ST-ZIP	<u> </u>	1.					
NAME	RUGGIERI, DAVID E.	☐ Delete	TITLE NAME	PRES.			Change	Addition		
STREET ADDRESS	25188 MARION AVE, #1040		STREET ADDR	-ss						
- CITY-ST-ZIP •	PUNTA GORDA FL	په لواوه د سويات	CITY-ST-ZIP	1		e	<u> </u>			
TITLE	VT	☐ Delete	TITLE	TREAS	URER		Change	☐ Addition		
NAME CIRCLE ADDRESS	GARRETT, ROBERT B.		NAME				 · · •			
STREET ADDRESS CITY-ST-ZIP	1129 CONOVER STREET PT CHARLOTTE FL		STREET ADDR	SS						
TITLE	P		CITY-ST-ZIP	11	***					
NAME	POPPER, PAUL M.	☐ Delete	: TITLE NAME	V. TRE	A5.	•	Change	Addition		
STREET ADDRESS	2100 JAMAICA WAY		STREET ADDRE	_{sc}	_					
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP							
TITLE	S	☐ Delete	TITLE	V. PRE.	5//		Change	Addition		
NAME	KRAMER, BARRY		NAME	V''''	11		yen ondigo	الماليون لي		
STREET ADDRESS CITY-ST-ZIP	7808 SANDERLINE ROAD SARASOTA FL		STREET ADDRE	ss / 						
	OARASOTA FL		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE	X		''	☐ Change	☐ Addition		

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to executeful changed, or on an attachment with an address, with all other like and in Section 119.03(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if gnature shall ha quired by Chapt

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE TIE (U) () SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-629-4500