

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72866

FILED
Mar 25, 2009
Secretary of State

Entity Name: CARDIAC CLINIC OF SUNIL M. KAKKAR, M.D., P.A.

Current Principal Place of Business:

311 WEST OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

311 WEST OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2180685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAKKAR, SUNIL M MD
5542 OSPREY ISLE LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KAKKAR, SUNIL M.,
Address: 5542 OSPREY ISLE LANE
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: PADMA K. RAJU,
Address: 3898 HUNTER ISLE DRIVE
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: MADAN, ATUL
Address: 12021VILLANOVA DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PADMA K. RAJU,
Address: 8937 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change () Addition
Name: MADAN, ATUL
Address: 9025 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNIL M. KAKKAR

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date