

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72866

FILED
Mar 16, 2010
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: DP
Name: KAKKAR, SUNIL M.
Address: 5542 OSPREY ISLE LANE
City-St-Zip: ORLANDO, FL

Title: DVP
Name: PADMA K. RAJU
Address: 8937 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: DVP
Name: MADAN, ATUL
Address: 9025 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: AGRAWAL, MANOJ
Address: 14098 SOBRADO DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D
Name: MOIN, KHURRAM
Address: 7134 REGINA WAY
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: SUNIL KAKKAR

DP

03/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date