2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19574

Entity Name: BRADENTON CARDIOLOGY CENTER, P.A.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

316 MANATEE AVE. W.
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

316 MANATEE AVE. W.
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 59-2440279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTALVO, ALBERTO E MD
316 MANATEE AVE W
BRADENTON, FL 34205 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:	DR.	( ) Delete
Name:	THOMAS, GEORGE	
Address:	316 MANATEE AVE. W.	
City-St-Zip:	BRADENTON, FL 34205	
Title:	DR.	( ) Delete
Name:	MONTALVO, ALBERTO	
Address:	316 MANATEE AVE. W.	
City-St-Zip:	BRADENTON, FL 34205	
Title:	DR.	( ) Delete
Name:	PIZZO, ANTHONY	
Address:	316 MANATEE AVE. W.	
City-St-Zip:	BRADENTON, FL 34205	
Title:	DR.	( ) Delete
Name:	TROYER, PHILIP D	
Address:	316 MANATEE AVE. W.	
City-St-Zip:	BRADENTON, FL 34205	
Title:	DR.	( ) Delete
Name:	SMITH, BALLARD	
Address:	316 MANATEE AVE. W	
City-St-Zip:	BRADENTON, FL 34205	
Title:	DR.	( ) Delete
Name:	LIPSKIND, BRUCE	
Address:	316 MANATEE AVE. W	
City-St-Zip:	BRADENTON, FL 34205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALBERTO MONTALVO DR 03/16/2009

Electronic Signature of Signing Officer or Director Date