

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 030 ***150.00

DOCUMENT # P02000055627 1. Entity Name CARDIO CARE CENTER, INC.					
Principal Place of Business 524 ZEAGLER DR PALATKA, FL 32177			Mailing Address 524 ZEAGLER DR PALATKA, FL 32177		
2. Principal Place of Business 700 ZEAGLER DRIVE Suite, Apt. #, etc. SUITE 2		3. Mailing Address 700 ZEAGLER DRIVE Suite, Apt. #, etc. SUITE 2			
City & State PALATKA FL		City & State PALATKA FL			
Zip 32177		Country USA		Zip 32177	
Country USA		4. FEI Number 81-0553464			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KALEEM, MOHAMMAD 524 ZEAGLER DRIVE PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>M. K. Khan</i></u> Signature, typed or printed name of registered agent and title if applicable. <i>Address change only</i> DATE <u>07/13/05</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KALEEM, MOHAMMAD 524 ZEAGLER DRIVE PALATKA, FL 32177 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 700 ZEAGLER DRIVE, SUITE 2 PALATKA FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>M. K. Khan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>07/13/05</u>		Daytime Phone # <u>(386)326-3633</u>