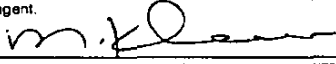


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-01-2006 90003 032 ***150.00

DOCUMENT # P02000055627		
1. Entity Name CARDIO CARE CENTER, INC.		
Principal Place of Business 700 ZEAGLER DRIVE SUITE 2 PALATKA, FL 32177		Mailing Address 700 ZEAGLER DRIVE SUITE 2 PALATKA, FL 32177
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KALEEM, MOHAMMAD 524 ZEAGLER DRIVE PALATKA, FL 32177		DO NOT WRITE IN THIS SPACE
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:  DATE: 08/12/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD KALEEM, MOHAMMAD 700 ZEAGLER DRIVE, SUITE 2 PALATKA, FL 32177	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered. SIGNATURE:  DATE: 08/10/06 (386) 326-3633 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		