

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093219

FILED  
Mar 15, 2005  
Secretary of State

**Entity Name:** CARDIOVASCULAR SPECIALISTS OF SOUTHERN FLORIDA, P.A.

**Current Principal Place of Business:**

80 SW 8TH ST., SUITE 1920  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

80 SW 8TH ST., SUITE 1920  
MIAMI, FL 33130

**New Mailing Address:**

10025 CLEARY BLVD.  
PLANTATION, FL 33324

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

**Name and Address of Current Registered Agent:**

BRUCE JAY TOLAND, P.A.  
80 SW 8TH STREET  
SUITE 1920  
MIAMI, FL 33130 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: P ( ) Delete  
Name: GOULD, RANDY  
Address: 80 S.W. 8TH STREET, SUITE 1920  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: SABBOTA, MARK  
Address: 80 S.W. 8TH STREET, SUITE 1920  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: RANDY GOULD

P

03/15/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date