

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139240

FILED
Apr 22, 2009
Secretary of State

Entity Name: S. DAVID SPECTOR, M.D. CARDIOVASCULAR SURGERY, P.A.

Current Principal Place of Business:

2501 N. ORANGE AVENUE
SUITE 308
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 751
GOTHA, FL 34734

New Mailing Address:

FEI Number: 20-3664700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, S. DAVID MD
12200 PARK AVENUE
WINDERMERE, FL 34786 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: DPST () Delete
Name: SPECTOR, S. DAVID MD
Address: 12200 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: S. DAVID SPECTOR,MD

DPST

04/22/2009

Electronic Signature of Signing Officer or Director

Date