

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086489

FILED
Apr 21, 2007
Secretary of State

Entity Name: CARDIOLOGY ASSOCIATES OF STUART, P.A.

Current Principal Place of Business:

1027 SE OCEAN BLVD
STUART, FL 349962576

New Principal Place of Business:

Current Mailing Address:

1027 SE OCEAN BLVD
STUART, FL 349962576

New Mailing Address:

FEI Number: 65-0636090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELFMAN, HOWARD
8 RIDGELAND DRIVE
STUART, FL 34996 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: HELFMAN, HOWARD S MD
Address: 8 RIDGELAND DRIVE
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: COTLER, ROBERT
Address: 60 SOUTH RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: COS () Delete
Name: MERKATZ, KENNETH
Address: 1027 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: COS () Delete
Name: HERON, LISMORE B
Address: 1027 SE OCEAN BLVD
City-St-Zip: STUART, FL 349962576

Title: COS () Delete
Name: DANCHENKO, ADRIAN M MD
Address: 5044 SW ST CREEK DR
City-St-Zip: PALM CITY, FL 34990

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD HELFMAN

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date