

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 004 ***150.00

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1. Entity Name
 CHILDREN'S HEART CENTER, P.A.



Principal Place of Business
 331 N MAITLAND AVE., STE C-2
 MAITLAND, FL 32751

Mailing Address
 331 N MAITLAND AVE., STE C-2
 MAITLAND, FL 32751

54015497



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3686104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NADKARNI, SHAILAJA S M.D.
 331 N MAITLAND AVE., STE C-2
 MAITLAND, FL 32751

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when...)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NADKARNI, SHAILAJA S M.D.
STREET ADDRESS	2128 ALAQUA DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

03-03-04 467-647-6454

Shailaja S M.D.
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR