

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000086489

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



Principal Place of Business
1027 SE OCEAN BLVD
STUART, FL 34996-2576

Mailing Address
1027 SE OCEAN BLVD
STUART, FL 34996-2576



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0636090

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELFMAN, HOWARD
8 RIDGELAND DRIVE
STUART, FL 34996

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HELFMAN, HOWARD S MD
8 RIDGELAND DRIVE
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COTLER, ROBERT
60 SOUTH RIVER ROAD
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COS
MERKATZ, KENNETH
1027 SE OCEAN BLVD
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COS
HERON, LISMORE B
1027 SE OCEAN BLVD
STUART, FL 349962576

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COS
DANCHENKO, ADRIAN M MD
5044 SW ST CREEK DR
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000322503
04/22/05-80018-007 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-781-0222