

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086489

Entity Name: CARDIOLOGY ASSOCIATES OF STUART, P.A.**Current Principal Place of Business:**1027 SE OCEAN BLVD
STUART, FL 34996-2576**Current Mailing Address:**1027 SE OCEAN BLVD
STUART, FL 34996-2576**FEI Number: 65-0636090****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HELFMAN, HOWARD
8 RIDGELAND DRIVE
STUART, FL 34996 US*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**Officer/Director Detail :**

Title	V
Name	COTLER, ROBERT
Address	60 SOUTH RIVER ROAD
City-State-Zip:	STUART FL 34996

Title	S
Name	MALOSKY, STEVEN
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

Title	T
Name	GOIRATY, SATTAR
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

Title	P
Name	HELFMAN, HOWARD S MD
Address	8 RIDGELAND DRIVE
City-State-Zip:	STUART FL 34996

Title	S
Name	HERON, LISMORE B MD
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

I hereby 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 all other like empowered.

SIGNATURE: HELFMAN , HOWARD**PRESIDENT****02/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date