

**2021 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**Current Mailing Address:**1027 SE OCEAN BLVD  
STUART, FL 34996 US**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	T
Name	GOJRATY, SATTAR MD
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	V
Name	HERON, LISMORE B MD
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

Title	S
Name	CHAUDHRY, KUNAL MD
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

Title	SECRETARY
Name	CLARK, KARI DO
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996-2576

Title	S
Name	PATEL, HETAIN
Address	1027 SE OCEAN BLVD
City-State-Zip:	STUART FL 34996

*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:** HOWARD S. HELFMAN, MD**PRESIDENT****02/02/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date