2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# 455518

Entity Name: INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A.

Current Principal Place of Business:

1131 NW 64TH TERRCE
GAINESVILLE, FL 32605

New Principal Place of Business:

1151 NW 64TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

1131 NW 64TH TERRCE
GAINESVILLE, FL 32605

New Mailing Address:

1151 NW 64TH TERRACE
GAINESVILLE, FL 32605

FEI Number: 59-1536350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMPERI, GREGORY A. M.D
1131 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MCDOWELL, LONN
1151 NW 64TH TERRACE
GAINESVILLE, FL 32605 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: LONN D. MCDOWELL 03/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: IMPERI, GREGORY A MD
Address: 1131 NW 64TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: KRAFT M.D., STEVEN M, .
Address: 1131 NW 64TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: T ( ) Delete
Name: GREEN M.D., PRESTON, T.
Address: 1131 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete
Name: QUADRAT, OTAKER MD
Address: 1131 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete
Name: KOONS, JAY MD
Address: 1311 NW 64 TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete
Name: VANROY, DANIEL MD
Address: 1131 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition
Name: IMPERI, MD, GREGORY A
Address: 1151 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition
Name: KRAFT, MD, STEVEN M
Address: 1151 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T (X) Change ( ) Addition
Name: GREEN, MD, PRESTON T
Address: 1151 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change ( ) Addition
Name: KOONS, MD, JAY C
Address: 1151 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change ( ) Addition
Name: QUADRAT, MD, OTAKAR
Address: 1151 NW 64 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change ( ) Addition
Name: VANROY, MD, DANIEL
Address: 1151 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY A. IMPERI M 03/29/2004
Electronic Signature of Signing Officer or Director Date