## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 455518**

FILED Jan 11, 2006 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1151 NW 6	4TH TERRACE LLE, FL 32605				
Current Mailing Address:			New Maili	New Mailing Address:	
1151 NW 64TH TERRACE GAINESVILLE, FL 32605					
FEI Number:	59-1536350	FEI Number Applied For ( ) FEI I	Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: 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:					
	Electronic	Signature of Registered Agent		Date	
Election Carr	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name:	IMPERI, MD, GR 1151 NW 64TH T GAINESVILLE, F D () E KRAFT, MD, STE	ERRACE L 32605 Delete VEN M	Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change ( ) Addition IMPERI, GREGORY A 1151 NW 64TH TERRACE GAINESVILLE, FL 32605  D (X) Change ( ) Addition GREEN, PRESTON T 1151 NW 64TH TERRACE	
Address: City-St-Zip:	1151 NW 64TH T GAINESVILLE, F		City-St-Zip:	GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	T () [ GREEN, MD, PRI 1151 NW 64TH T GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KOONS, JAY C 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	V ()E KOONS, MD, JAY 1151 NW 64TH T GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition QUADRAT, OTAKAR 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	V () C QUADRAT, MD, C 1151 NW 64 TER GAINESVILLE, F	RRACE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition VAN ROY, DANIEL 1151 NW 64 TERRACE GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	V ()E VANROY, MD, DA 1151 NW 64TH T GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCDOWELL, LONN D 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LONN MCDOWELL D 01/11/2006