2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

06 AUG -18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 455518

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

Principal Place of Business	Mailing Address
1151 NW 64TH TERRACE GAINESVILLE, FL 32605	1151 NW 64TH TERRACE GAINESVILLE, FL 32605

08072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1536350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDOWELL, LONN
1151 NW 64TH TERRACE
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMPERI, GREGORY A 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10000789767O1 08/22/06--01017--006 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, PRESTON T 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOONS, JAY C 1151 NW 64TH TERRACE GAINESVILLE, FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOONS, JAY C 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUADRAT, OTAKAR 1151 NW 64TH TERRACE GAINESVILLE FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUADRAT, OTAKAR 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANROY, DANIEL 1151 NW 64TH TERRACE GAINESVILLE, FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN ROY, DANIEL 1151 NW 64 TERRACE GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMSEY, HOWARD W 1151 NW 64TH TERRACE GAINESVILLE, FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDOWELL, LONN D 1151 NW 64TH TERRACE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LONN McDowell 8/7/06 352-331-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, PA

ADDITIONAL OFFICERS

TITLE:	D
NAME:	CAPUTO, CHRISTOPHER P
STREET ADDRESS:	1151 NW 64TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE:	D
NAME:	LEE, ARTHUR C
STREET ADDRESS:	1151 NW 64TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE:	D
NAME:	TULLI, MARK A
STREET ADDRESS:	1151 NW 64TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605