

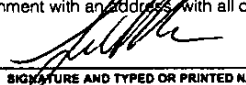


attachment 1 of 2

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 455518 1. Entity Name INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A.						FILED 08 OCT -1 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1151 NW 64TH TERRACE GAINESVILLE, FL 32605 US				Mailing Address 1151 NW 64TH TERRACE GAINESVILLE, FL 32605 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1536350				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MD 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600136580876 10/02/08--01048--006 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONS, JAY C MD 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUADRAT, OTAKAR MD 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ROY, DANIEL MD 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, HOWARD W MD 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, LONN D 1151 NW 64TH TERRACE GAINESVILLE, FL 32605			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED LIST OF ADDITIONAL OFFICERS AND DIRECTORS		
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				9/29/08 352-333-7030			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

KS

INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, PA*ADDITIONAL OFFICERS AND DIRECTORS*

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

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

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

TITLE: D
NAME: WESSEL, TIMOTHY R MD
STREET ADDRESS: 1151 NW 64TH TERRACE
CITY-ST-ZIP: GAINESVILLE, FL 32605

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