2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455518

FILED Jan 30, 2009 Secretary of State

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

Current P	rincipal Place o	f Business:	New Prince	New Principal Place of Business:			
	64TH TERRACE LLE, FL 32605	US					
Current Mailing Address:			New Maili	New Mailing Address:			
	64TH TERRACE LLE, FL 32605	US					
FEI Number:	59-1536350	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of N	New Registered Agent:		
	LL, LONN 64TH TERRACE LLE, FL 32605	US					
	named entity su e of Florida.	bmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or	both,	
SIGNATUF	RE:						
	Electronic	Signature of Registered Age	nt		Date		
Election Car	npaign Financing 1	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D IMPERI, GREGOI 1151 NW 64TH T GAINESVILLE, FL	RY A MD ERRACE	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () C KOONS, JAY C M 1151 NW 64TH T GAINESVILLE, FL	D ERRACE	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () C QUADRAT, OTAK 1151 NW 64TH T GAINESVILLE, FL	ERRACE	Title: Name: Address: City-St-Zip:	D (X VAN ROY, DAN 1151 NW 64TH GAINESVILLE,	TERRACE		
Title: Name: Address: City-St-Zip:	D () C VAN ROY, DANIE 1151 NW 64TH T GAINESVILLE, FL	ERRACE	Title: Name: Address: City-St-Zip:	D (X RAMSEY, HOV 1151 NW 64TH GAINESVILLE,	TERRACE		
Title: Name: Address: City-St-Zip:	D () C RAMSEY, HOWA 1151 NW 64TH T GAINESVILLE, FL	ERRACE	Title: Name: Address: City-St-Zip:	D (X MCDOWELL, L 1151 NW 64TH GAINESVILLE,	TERRACE		
Title: Name: Address: City-St-Zip:	D () C MCDOWELL, LOI 1151 NW 64TH T GAINESVILLE, FL	ERRACE	Title: Name: Address: City-St-Zip:	,			
l hereby ce	ertify that the info	rmation supplied with this filir	ng does not qualify fo	r the exemption	on stated in Chapter 119, Flo	rida	

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 D MCDOWELL D 01/30/2009

INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A.

Howard W. Ramsey, MD, FACC Gregory A. Imperi, MD, FACC, FACP Jay C. Koons, MD, PhD, FACC Otakar Quadrat, MD, FACC Daniel Van Roy, MD, FACC

Christopher P. Caputo, DO, FACC Arthur C. Lee, MD, FACC Mark A. Tulli, MD, FACC Timothy Wessel, MD, FACC Matheen A. Khuddus, MD

January 30, 2009

FL Division of Corporations Attn: Annual Reports PO Box 6327 Tallahassee, FL 32314

Re: Document # 455518

To Whom It May Concern:

Please add these additional Officers and Directors to our Annual Report filing for 2009.

TITLE:

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:

NAME: WESSEL, TIMOTHY R MD

STREET ADDRESS: 1151 NW 64TH TERRACE

CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE:

NAME: KHUDDUS, MATHEEN A MD

STREET ADDRESS: 1151 NW 64TH TERRACE

CITY-ST-ZIP: GAINESVILLE, FL 32605

If you have any questions, I can be reached at 352-333-7030. Thank you.

Lonn D. McDowell, MHA, FACMPE

Chief Executive Officer

Sincerely