## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 455518** 

**FILED** Jan 18, 2010 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

1151 NW 64TH TERRACE GAINESVILLE, FL 32605 US

**Current Mailing Address: New Mailing Address:** 

1151 NW 64TH TERRACE GAINESVILLE, FL 32605 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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 01/18/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

IMPERI, GREGORY A MD Name: 1151 NW 64TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32605 US

Title:

Name: KOONS, JAY C MD 1151 NW 64TH TERRACE Address: GAINESVILLE, FL 32605 US City-St-Zip:

Title:

VAN ROY, DANIEL MD Name: 1151 NW 64TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32605 US

Title:

RAMSEY, HOWARD MD Name: Address: 1151 NW 64TH TERRACE City-St-Zip: GAINESVILLE, FL 32605 US

Title:

Name: MCDOWELL, LONN D 1151 NW 64TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32605 US

Title:

CAPUTO, CHRISTOPHER P DO Name: Address: 1151 NW 64TH TERRACE City-St-Zip: GAINESVILLE, FL 32605 US

I hereby 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 all other like empowered.

SIGNATURE: LONN D MCDOWELL D 01/18/2010

## INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A.

1-18-10

Howard W. Ramsey, MD, FACC Gregory A. Imperi, MD, FACC, FACP Jay C. Koons, MD, PhD, FACC Daniel Van Roy, MD, FACC Christopher P. Caputo, DO, FACC



Arthur C. Lee, MD, FACC Mark A. Tulli, MD, FACC Timothy R. Wessel, MD, FACC Matheen A. Khuddus, MD N. Raj Subramanian, MD

January 18, 2010

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 2010.

TITLE:

NAME: LEE, ARTHUR C MD STREET ADDRESS: 1151 NW 64<sup>TH</sup> TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE:

NAME: TULLI, MARK Å MD STREET ADDRESS: 1151 NW 64<sup>TH</sup> TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE:

NAME: WESSEL, TIMOTHY R MD STREET ADDRESS: 1151 NW 64<sup>TH</sup> TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE:

NAME: KHUDDUS, MATHEEN A MD STREET ADDRESS: 1151 NW 64<sup>TH</sup> TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE:

NAME: SUBRAMANIAN, NATRAJAN R MD

STREET ADDRESS: 1151 NW 64<sup>TH</sup> TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32605

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

WHW

John D. McDowell, MHA, FACMPE Chief Executive Officer Ē

1151 Northwest 64th Terrace • Gainesville, Florida 32605-4218 Telephone: (352) 331-8570 • Fax (352) 332-3614 www.ivcofgainesville.com