

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455518

FILED
Apr 28, 2011
Secretary of State

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

Current Principal Place of Business:

1151 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

GEORGE A. DELL, CPA
4001 W. NEWBERRY RD - SUITE C2
GAINESVILLE, FL 32607

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:

DELL, GEORGE A
4001 W. NEWBERRY RD - SUITE C2
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

CONNOR, JOHN J
1151 NM 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: JOHN CONNOR

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: CAPUTO, CHRISTOPHER P DO
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: CHRISTOPHER P CAPUTO

D

04/28/2011

Electronic Signature of Signing Officer or Director

Date