

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90020 038 ***150.00

DOCUMENT # 479515

1. Entity Name
CARDIOLOGY ASSOCIATES OF GAINESVILLE, G.
COOPER & ASSOCIATES, P.A.



Principal Place of Business
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

Mailing Address
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

60017213



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1604618

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVERSTEIN, BURTON V
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SILVERSTEIN, BURTON V
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DILLON, MICHAEL, C
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROARK, STEVEN, F
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'MEARA, JAMES
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROS, BERNARD
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEH
SMOCK, ANDREW L
4645 NW 8TH AVE.
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Burton V. Silverstein - President 2/14/07