2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90060 023 ***150.00

DOCLIN	AENIT #	1705	15		

JUUMEN | #479515

1. Entity Name

CARDIOLOGY ASSOCIATES OF GAINESVILLE, G. COOPER & ASSOCIATES, P.A.



					4 A A A	· -			
Principal Place of Business M.		Mailing Address	lailing Address		3.0				
4645 NW 8TH AVE. 4		4645 NW 8TH AVE.							
		GAINESVILLE, FL 32605							
J									
)	111 (CI) 3111 HILL 81		81811 BIBN 8181	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
		-			48 5 4 4	919 (616) 31(9) (136) 91	iil afalt alett elalt	Midri Bibli dibi	100 10 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt, #, etc.		*******	01 - D	050500	4 (40(00)	
·		• -			02072008	Chg-P	CR2E03	4 (12/06)	
City & State	e	City & State	City & State		4. FEI Number			Ac	plied For
on, a oun		5.1, 5 5.0.5			59-1604	618		<u> </u>	t Applicable
Zip	Country	Zip Cou	untry		00-100-1	010	•		
240	Obdingy	2.0	uniti y	•	5. Certificate of	Status Desired		8.75 Add	itional _
	6. Name and Address of Current R	legistered Agent			7 Name and A	ddress of New F			
	6. Name and Address of Current N	registered Agent	Name		7. Name and A	ddress of New I	Registered A	jent	
CHACE	TIN DURTONY		Name						
	EIN, BURTON V		Street Ac	ddress (F	P.O. Box Number	is Not Acceptabl	le)		
4645 NW 8			1	-0.000 (.	10.120.110.71207	10 / 101 · 1000p.120.	,		
GAINESVI	LLE, FL 32605								
,									
			City				FL	Zip Code	3
			1					1	
	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or	registere	ed agent, or both	, in the State of Fl	lorida. I am fa	miliar with,	and accept
the obligati	ions of registered agent.								
CICNATURE									
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd tibe if applicable. (NOTE: Registe	ered Agent signatu	re required	when reinstating)		DATE		
					· · · · · · · · · · · · · · · · · · ·				
	- 1.00000 10.04-0.00	9. Election Campaign Fin	ancino	\$5	00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0				ed to Fees				
AILOI IVI	ay 1, 2000 1 65 Will be \$330.0								
10.	OFFICERS AND D	DIRECTORS 11	1.		ADDITIONS/C	HANGES TO OF	FICERS AND I	DIRECTORS	5 IN-11
TITLE	PTD	☐ Delete TI	TLE	⊍D				☐ Change	X Addition
NAME	SILVERSTEIN, BURTON V		AME	WERB	EL, BRIAN				_
STREET ADDRESS	4645 NW 8TH AVE.	SI	TREET ADDRESS	4645	NW 8th AVE				
CITY-ST-ZIP	GAINESVILLE, FL 32605		ITY-ST-ZIP	GAIN	ESVILLE, FI	32605			i
TITLE	D		TLE					☐ Change	☐ Addition
NAME	DILLON, MICHAEL, C	N/	AME						
STREET ADDRESS	4645 NW 8TH AVE.	Sī	TREET ADDRESS						
CITY-ST-ZIP	GAINESVILLE, FL 32605	CI	ITY-ST-ZIP						
TITLE	D	☐ Delete 11	TLE					☐ Change	Addition
NAME	ROARK, STEVEN, F		AME						
		TREET ADDRESS							
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ITY-ST-ZIP						
C111-51-21P	GAINESVILLE, FL 32605		1+T-31-ZIP						
TITLE	D	Delete TI	TLE					Change	Addition
NAME	O'MEARA, JAMES NAM		AME						
STREET ADDRESS	ET ADDRESS 4645 NW 8TH AVE.		TREET ADDRESS						
CITY-ST-ZIP	GAINESVILLE, FL 32605	CI	ITY-\$T-ZIP						
TITLE	D	☐ Delete TI	TLE					☐ Change	☐ Addition
NAME	GROS. BERNARD							o⊪ange	- Madillott
i e	1 1 1 1 1								
1		TREET ADDRESS							
CITY-ST-ZIP	GAINESVILLE, FL 32605	CI	ITY-ST-ZIP						
TITLE	DEH	☐ Delete Tr	TLE					☐ Change	☐ Addition
NAME	SMOCK, ANDREW L	N	AME /						
STREET ADDRESS	4645 NW 8TH AVE.	s	DREET ADDRESS						
CITY-ST-ZIP	GAINESVILLE, FL 32605		ITY-20 - ZIP						
					lin Chanter 110	Clarida Ctatuta	1 fourther as wif		oformati
indicated	certify that the information supplied with on this report or supplemental report is	inis juling poes not quality for the t true and accurate and hat my sign	exemptions Ci nature shall he	ontained ave the s	i iii Unapter 119, same legal effect	riorida Statutes. as if made under	i iurtner certif oath: that I ar	y (nat the If n an officer	or director

indicated on this report of supplemental report is prive and accurate anomat mysignature 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 shopowered to execute this report is 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 and all other like impowered.

SIGNATURE: X