

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479515

FILED
Feb 01, 2011
Secretary of State

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

Current Principal Place of Business:

4645 NW 8TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4645 NW 8TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1604618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERSTEIN, BURTON V
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

ROARK, STEVEN F
4645 NW 8TH AVENUE
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: STEVEN F. ROARK

02/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: SILVERSTEIN, BURTON V
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: WERBEL, BRIAN
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: ROARK, STEPHEN F
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: O'MEARA, JAMES
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: GROS, BERNARD
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: DEH
Name: SMOCK, ANDREW L
Address: 4645 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

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: STEVEN F. ROARK

D

02/01/2011

Electronic Signature of Signing Officer or Director

Date