

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 DEC 20 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519039

1. Entity Name
PEDIATRIC CARDIOLOGY ASSOCIATES, M.D., P.A.



Principal Place of Business
549 WYMORE ROAD N
SUITE 108
MAITLAND, FL 32751 US

Mailing Address
549 WYMORE ROAD N
SUITE 108
MAITLAND, FL 32751 US



DO NOT WRITE IN THIS SPACE

RESTATEMENT

07072004 No Chg-P CR2ED34 (10/03) 04

4. FEI Number
59-1706370

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPTOULIS, ARTHUR S.
549 WYMORE ROAD N
SUITE 108
MAITLAND, FL 32751

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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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/1/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPTOULIS, ARTHUR S. 138 WISTERIA DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BURZYNSKI, JANUSZ B 3823 BRANTLEY PLACE CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600042699516
11/12/04--01068--013 **558.75

600042699516
12/27/04--01017--001 **200.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04

Date

407.647.4890

Daytime Phone #