


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 519039 1. Entity Name PEDIATRIC CARDIOLOGY ASSOCIATES, M.D., P.A.	
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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
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03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1706370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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05/22/07-80011-007 150.00

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:  **Janusz Burzynski** 4/30/07 407.647.4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #