


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-01-2004 90011 016 ***150.00

DOCUMENT # 523564
 1. Entity Name
CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, M.D., P.A.




Principal Place of Business Mailing Address
455 PINELLAS STREET **455 PINELLAS ST**
STE 400 **STE 400**
CLEARWATER FL 33756 **CLEARWATER FL 33756**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For
59-1707138 Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMSON, MICHAEL D.
1205 PALM VIEW AVENUE
LARGO FL 33770

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Frederic R. Simmons Jr.* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SOLA, RICHARD	
STREET ADDRESS	3020 TURTLEBROOK	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MICHAEL D	
STREET ADDRESS	1205 PALM VIEW AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHILLIPS, PAUL L	
STREET ADDRESS	34 NORTH PINE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALLASTEGUI, JOSE L.	
STREET ADDRESS	2233 DONATO DR	
CITY-ST-ZIP	BELLEAIR BCH FL 33785	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRIGGS, DOUGLAS J	
STREET ADDRESS	1612 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCARELLA, VANESSA	
STREET ADDRESS	811 BAYVIEW DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-04

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNED IN WRONG PLACE* *SEE ABOVE* *FREDERIC R Simmons Jr.* 3/29/04 727-445-1992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paul Phillips MD

4/14/04 *727-445-1992*