


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 523564

1. Entity Name
**CLEARWATER CARDIOVASCULAR AND
INTERVENTIONAL CONSULTANTS, M.D., P.A.**



Principal Place of Business 455 PINELLAS STREET STE 400 CLEARWATER, FL 33756 US	Mailing Address 455 PINELLAS ST STE 400 CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1707138	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

**WILLIAMSON, MICHAEL D.
1205 PALM VIEW AVENUE
LARGO, FL 33770**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLA, RICHARD 3020 TURTLEBROOK CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, MICHAEL D 1205 PALM VIEW AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, PAUL L 34 NORTH PINE CIRCLE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLASTEGUI, JOSE L. 2233 DONATO DR BELLEAIR BCH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRIGGS, DOUGLAS J 1812 HAMPTON LANE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCARELLA, VANESSA 811 BAYVIEW DRIVE CLEARWATER, FL 33756

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04/21/05-80018-005 150.00

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

SIGNATURE: *Michael R. Williamson* **4/18/05** **727-445-1992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #