

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 027 \*\*\*150.00

**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**

**60021598**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-1707138**

Applied For

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SOLA, RICHARD**  
CITY-ST-ZIP **3020 TURTLEBROOK  
CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **WILLIAMSON, MICHAEL D**  
CITY-ST-ZIP **1205 PALM VIEW AVENUE  
CLEARWATER, FL 33756**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **PHILLIPS, PAUL L**  
CITY-ST-ZIP **34 NORTH PINE CIRCLE  
CLEARWATER, FL 33756**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **GALLASTEGUI, JOSE L.**  
CITY-ST-ZIP **2233 DONATO DR  
BELLEAIR BCH, FL 33785**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **SPRIGGS, DOUGLAS J**  
CITY-ST-ZIP **1612 HAMPTON LANE  
SAFETY HARBOR, FL 34695**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **LUCARELLA, VANESSA**  
CITY-ST-ZIP **811 BAYVIEW DRIVE  
CLEARWATER, FL 33756**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4896 SILVERTHORNE CT.**  
CITY-ST-ZIP **OLDSMAR FL 34617**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3771 MULLENHURST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/22/06**

**927-445-1992**