


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED *142*

06 AUG 15 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1707138	
Zip Country		Zip Country		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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				400078994834 08/22/06--01032--012 **\$61.25 <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLA, RICHARD 48986 SILVERTHORNE CT OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT 4896 SILVERTHORNE CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, MICHAEL D 1205 PALM VIEW AVENUE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, PAUL L 34 NORTH PINE CIRCLE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLASTEGUI, JOSE L. 2233 DONATO DR BELLEAIR BCH, FL 33785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRIGGS, DOUGLAS J 3771 MULLEN HURST DR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCARELLA, VANESSA 811 BAYVIEW DRIVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8/3/06 <small>Daytime Phone #</small>	

OFFICERS AND DIRECTORS CONTINUED

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEIN, BERNARDO 7893 BAYOU CLUB BLVD SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT AMIN, JAY K 1540 GULF BLVD UNIT #1504 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER SIMMONS, FREDERIC R. 5025 W SAN MIGUEL TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT ZELENKA, JASON T 10218 GOLDEN EAGLE DRIVE LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT NAVAS, JORGE P 224 OSCEOLA RD CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT VICE PRESIDENT HEPP, MARK J 3073 WOODSONG LANE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT FERNANDEZ, ALAND R 1310 PRESERVATION WAY OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT LENZ, FEDERICO E 901 INDIAN ROCKS ROAD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT HAZLITT, H ANDREW 2818 CHANCERY LANE CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT KUDELKO, PAUL E SR 28 WINSTON DRIVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT DIETERICH, DAVID D 10063 OAKS LANE SEMINOLE, FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT KUO, MARILYN Y 5 SUNSET BAY BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT KUDELKO, PAUL E II 24 WINSTON DRIVE CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER RETCHLESS, KAREN A 1552 COLONY COURT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE VICE PRESIDENT SABATINO, KENNETH C 115 SHORE DRIVE DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF INFORMATION OFFICER KLEBER, CONNIE 3941 VENETIAN WAY TAMPA, FL 33634