

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523564

FILED
May 06, 2008
Secretary of State

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

Current Principal Place of Business:

455 PINELLAS STREET
STE 400
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

455 PINELLAS ST
STE 400
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-1707138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AVP () Delete
Name: SOLA, RICHARD
Address: 4896 SILVERTHORNE CT
City-St-Zip: OLDSMAR, FL 34677

Title: P () Delete
Name: WILLIAMSON, MICHAEL D
Address: 1205 PALM VIEW AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: PHILLIPS, PAUL L
Address: 34 NORTH PINE CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: GALLASTEGUI, JOSE L.
Address: 2233 DONATO DR
City-St-Zip: BELLEAIR BCH, FL 33785

Title: AVP () Delete
Name: SPRIGGS, DOUGLAS J
Address: 3771 MULLEN HURST DR
City-St-Zip: PALM HARBOR, FL 34685

Title: AVP () Delete
Name: LUCARELLA, VANESSA
Address: 811 BAYVIEW DRIVE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D WILLIAMSON

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date