

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523564

FILED  
Feb 11, 2009  
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

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  
Name:  
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, MD

P

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date