

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523564

FILED
Feb 15, 2011
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 STREET
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:

PHILLIPS, PAUL L. MD
34 N PINE CIRCLE
BELLEAIR, FL 33756 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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: NAVAS, JORGE P. MD
Address: 204 OSCEOLA ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: P
Name: PHILLIPS, PAUL L. MD
Address: 34 NORTH PINE CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: AVP
Name: GALLASTEGUI, JOSE L. MD
Address: 2233 DONATO DR
City-St-Zip: BELLEAIR BCH, FL 33785

Title: S
Name: SPRIGGS, DOUGLAS J MD
Address: 3771 MULLEN HURST DR
City-St-Zip: PALM HARBOR, FL 34685

Title: T
Name: STEIN, BERNARDO MD
Address: 7893 BAYOU CLUB BLVD
City-St-Zip: SEMINOLE, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: PAUL L PHILLIPS

P

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date