


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 600329	
1. Entity Name THE CARDIOVASCULAR CENTER, P.A.	

Principal Place of Business 910 WILLISTON PARK PT SUITE #1000 LAKE MARY, FL 32746-2122	Mailing Address 910 WILLISTON PARK PT SUITE #1000 LAKE MARY, FL 32746-2122
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1197654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALLARIO, LAWRENCE E. 910 WILLISTON PARK PT STE 1000 LAKE MARY, FL 32746-2122

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IN THIS SPACE

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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALLARIO, LAWRENCE E. 350 EAGLE CREEK CIR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID, WILLIAM J 303 S. DOVER CT. HEATHROW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRULLON, CARLOS P 789 HEATHER GLEN CIRLCE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000182736
01/19/05-80039-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>	Lawrence E. Vallario 	4/13/05	407-833-8028
		Date	Daytime Phone #