

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 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**



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1197654

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VALLARIO, LAWRENCE E.
910 WILLISTON PARK PT
STE 1000
LAKE MARY, FL 32746-2122**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 CIR LCE
LAKE MARY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Lawrence E. Vallario

407-833-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #