2007 FOR PROFIT. CORPORATION ANNUAL REPORT

FILED Jun 18, 2007 08:00 AN Secretary of State

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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05042007 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1197654

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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

LAKE MARY, FL 32/46-2122							
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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. 1 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 argnature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.		cing	\$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 DIREC	TORS -				, h	
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NAME	VALLARIO, LAWRENCE E.		a 3 .	The second secon	1.	of the control of the	
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NAME	DAVID, WILLIAM J			A Complete Committee Commi	1 / 7 / 7	The second record of the second of the secon	
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12. I hereby certify that the information supplied with this filling 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 of true en appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered.

SIGNATURE:

Lawrence E. Vallario

407-833-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #