

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600329

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: THE CARDIOVASCULAR CENTER, P.A.

## Current Principal Place of Business:

910 WILLISTON PARK PT  
SUITE #1000  
LAKE MARY, FL 327462122

## New Principal Place of Business:

## Current Mailing Address:

910 WILLISTON PARK PT  
SUITE #1000  
LAKE MARY, FL 327462122

## New Mailing Address:

FEI Number: 59-1197654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALLARIO, LAWRENCE E.  
910 WILLISTON PARK PT  
STE 1000  
LAKE MARY, FL 327462122 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: PD ( ) Delete  
Name: VALLARIO, LAWRENCE  
Address: 350 EAGLE CREEK CIR  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete  
Name: DAVID, WILLIAM J  
Address: 303 S. DOVER CT.  
City-St-Zip: HEATHROW, FL

Title: SD ( ) Delete  
Name: GRULLON, CARLOS P  
Address: 789 HEATHER GLEN CIRLCE  
City-St-Zip: LAKE MARY, FL

Title: TD ( ) Delete  
Name: LOPEZ, WILBERTO  
Address: 1656 CHERRY RIDGE DR  
City-St-Zip: HEATHROW, FL 32746

## 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:

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: LAWRENCE VALLARIO

DR

03/09/2009

Electronic Signature of Signing Officer or Director

Date