2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# 600329

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

OFFICERS AND DIRECTORS:

Title: PD
Name: VALLARIO, LAWRENCE
Address: 350 EAGLE CREEK CIR
City-St-Zip: LAKE MARY, FL 32746

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

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

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

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: LAWRENCE VALLARIO DR 02/10/2011

Electronic Signature of Signing Officer or Director — Date