


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90052 024 \*\*\*150.00

**DOCUMENT # 600835**  
 1. Entity Name  
**CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.**



Principal Place of Business  
**1745 NORTH MILLS AVE**  
**SUITE 100**  
**ORLANDO, FL 32803**

Mailing Address  
**PO BOX 533101**  
**ORLANDO, FL 32853-3101**

**40103453**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04202007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-1232309**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAUSSIG, ANDREW S MD**  
**1745 NORTH MILLS AVE**  
**SUITE 100**  
**ORLANDO, FL 32803**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAUSSIG, ANDREW S DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORY, WILLIAM E DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLAK, SCOTT J DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITWORTH, HALL B JR,DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, RALPH A DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAY, GREGORY A DR 1745 NORTH MILLS AVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.

DOCUMENT # 600835

2007 UNIFORM BUSINESS REPORT ( UBR )  
BLOCK 10

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIR/ VICE PRES	DR. J. CRAIG BARNETT	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. ANIL KUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. MICHAEL HARDEE	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRUCE STEIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. SHARON NICHOLS	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803

ATTACHMENT

40103453