


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 602089</b>	
1. Entity Name <b>CARDIOLOGY ASSOCIATES OF ORLANDO, P.A.</b>	

Principal Place of Business <b>60 W GORE ST ORLANDO, FL 32806-1114 US</b>	Mailing Address <b>60 W GORE ST ORLANDO, FL 32806-1114 US</b>
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02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1292958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GREENWOOD, SCOTT D 60 W GORE STREET ORLANDO, FL 32806-1114</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000076945 03/05/04-80022-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S ANDREAE, GEORGE E 60 W GORE ST ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T JOHNSON, MELVIN J 60 W GORE ST ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GREENWOOD, SCOTT D. 60 W GORE ST ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V WEINSTEIN, IRWIN R. 60 W GORE ST ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CHAPMAN, ENRIQUE 60 W GORE ST ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:** Irwin R. Weinstein, M.D. **2-18-04 407-650-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #