2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602089

Entity Name: CARDIOLOGY ASSOCIATES OF ORLANDO, P.A.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

60 W GORE ST ORLANDO, FL 328061114 US

Current Mailing Address: New Mailing Address:

60 W GORE ST ORLANDO, FL 328061114 US

FEI Number: 59-1292958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREENWOOD, SCOTT D 60 W GORE STREET ORLANDO, FL 328061114 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ANDREAE, GEORGE E Name: Name: ANDREAE, GEORGE E 60 W GORE ST 60 W GORE ST Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

Title: V () Delete Title: () Change () Addition

 Name:
 JOHNSON, MELVIN J,
 Name:

 Address:
 60 W GORE ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

Title: V () Delete Title: VD (X) Change () Addition Name: GREENWOOD, SCOTT D., Name: GREENWOOD, SCOTT D.,

 Address:
 60 W GORE ST
 Address:
 60 W GORE ST

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

Title: P () Delete Title: TD (X) Change () Addition Name: DALTON, ROBERT P Name: DALTON, ROBERT P

Address: 60 WEST GORE STREET Address: 60 WEST GORE STREET
City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

Title: AT () Delete Title: ATD (X) Change () Addition Name: CHAPMAN, ENRIQUE Name: CHAPMAN, ENRIQUE

 Name:
 CHAPMAN, ENRIQUE
 Name:
 CHAPMAN, ENRIQUE

 Address:
 60 W GORE ST
 Address:
 60 W GORE ST

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

 $\label{eq:title: V (x) Delete Title: VD (X) Change () Addition} \label{eq:title: VD (X) Change () Addition}$

Name:MANTECON, IŚRAEL JName:MANTECON, IŚRAEL JAddress:60 W GORE STAddress:60 W GORE STCity-St-Zip:ORLANDO, FL 32806City-St-Zip:ORLANDO, FL 32806

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: SCOTT D. GREENWOOD, M.D. VD 01/08/2009