2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# 602296

Entity Name: CARDIOVASCULAR SURGEONS, P.A.,

Current Principal Place of Business:

217 HILLCREST STREET
ORLANDO, FL 328011211

New Principal Place of Business:

Current Mailing Address:

217 HILLCREST STREET
ORLANDO, FL 328011211

New Mailing Address:

FEI Number: 59-1299776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKSON, STEVEN E
217 HILLCREST ST.
ORLANDO, FL 32801 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: SD
Name: PALMER, GEORGE J III
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: ASD
Name: SUAREZ, JORGE
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: VD
Name: ACCOLA, KEVIN
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: ATD
Name: BOTT, JEFFREY
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: TD
Name: SAND, MARK E
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: PD
Name: THOMPSON, PAUL
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

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: PAUL THOMPSON PD 04/04/2011

Electronic Signature of Signing Officer or Director Date