

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602296

FILED  
Apr 04, 2012  
Secretary of State

**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 A. THOMPSON, M.D.

PD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

602296

2012 ANNUAL REPORT  
FOR PROFIT CORPORATION

DOCUMENT# 602296

CARDIOVASCULAR SURGEONS, P.A.

Additional Officers/Directors:

AT  
BOTTA, DONALD M., JR.  
217 HILLCREST STREET  
ORLANDO, FL 32801

RECEIVED  
12 APR -4 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA