2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# 616602

Entity Name: CARDIOVASCULAR ASSOCIATES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

3599 UNIVERSITY BLVD S
SUITE 913
JACKSONVILLE, FL 322164270

New Principal Place of Business:

3599 UNIVERSITY BLVD S
SUITE 913
JACKSONVILLE, FL 322164269

Current Mailing Address:

3599 UNIVERSITY BLVD S
SUITE 913
JACKSONVILLE, FL 322164270

New Mailing Address:

3599 UNIVERSITY BLVD S
SUITE 913
JACKSONVILLE, FL 322164269

FEI Number: 59-1893034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANTER, LAWRENCE J
3599 UNIVERSITY BLVD S
SUITE 913
JACKSONVILLE, FL 32216 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: PVST
Name: KANTER, LAWRENCE J
Address: 3599 UNIVERSITY BLVD S/; SUITE 913
City-St-Zip: JACKSONVILLE, FL 32216

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: LAWRENCE KANTER PRES 01/19/2011

Electronic Signature of Signing Officer or Director — Date