

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 665159

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** FLORIDA CARDIOVASCULAR SURGEONS, INC.

**Current Principal Place of Business:**

% JAMES P. CAMPBELL  
1000 LAKEVIEW RD STE 3  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

% JAMES P. CAMPBELL  
1000 LAKEVIEW RD STE 3  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-1975675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JAMES P.  
1000 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

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

CAMPBELL, JAMES P.  
1000 LAKEVIEW ROAD  
STE. 3  
CLEARWATER, FL 33756 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: \_\_\_\_\_

02/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPBELL, JAMES P  
Address: 1000 LAKEVIEW ROAD  
City-St-Zip: CLEARWATER, FL 33756 US

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: JAMES P CAMPBELL MD

P

02/15/2010

Electronic Signature of Signing Officer or Director

Date