


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F45747	
1. Entity Name CITRUS CARDIOLOGY CONSULTANTS, P.A.	

Principal Place of Business 308 W. HIGHLAND BLVD INVERNESS, FL 34452 US	Mailing Address 308 W HIGHLAND BLVD INVERNESS, FL 34452 US
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03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2123944	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAVAGE, KENNETH L., M.D. 308 W. HIGHLAND BLVD INVERNESS, FL 34452	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVAGE, KENNETH L.M.D. 308 W. HIGHLAND BLVD. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, SHARON D. M.D. 308 W. HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALKER, DENNIS J MD 308 W. HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABADIER, RAFIK MD 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIGO, GISELA MD 308 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/04-80065-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: _____ *[Signature]* **3/19/04** *[Date]* **352726833** *[Daytime Phone #]*