

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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May 11, 2007 8:00 am
Secretary of State

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04072007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2123944	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAVAGE, KENNETH L., M.D. 308 W. HIGHLAND BLVD INVERNESS, FL 34452			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, KENNETH L.M.D.		NAME	Luis A Delfin	
STREET ADDRESS	308 W. HIGHLAND BLVD.		STREET ADDRESS	308 W Highland Blvd	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	Inverness, FL 34452	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, DENNIS J MD		NAME	Javier M Gonzalez	
STREET ADDRESS	308 W. HIGHLAND BLVD		STREET ADDRESS	308 W Highland Blvd, Inverness, FL 34452	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABADIER, RAFIK MD		NAME	Vishnu P Yelamanchi	
STREET ADDRESS	308 W HIGHLAND BLVD		STREET ADDRESS	308 W Highland Blvd	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	Inverness, FL 34452	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIGO, GISELA MD		NAME	Stephen H Stark	
STREET ADDRESS	308 W HIGHLAND BLVD		STREET ADDRESS	308 W Highland Blvd, Inverness, FL 34452	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Srinivas Attanti	
STREET ADDRESS			STREET ADDRESS	308 W Highland Blvd, Inverness, FL 34452	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shrikanth Upadya	
STREET ADDRESS			STREET ADDRESS	308 W Highland Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Inverness, FL 34452	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: _____			Date: 4-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			System Phone # 352 726 8353		