

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45747

FILED
Mar 19, 2009
Secretary of State

Entity Name: CITRUS CARDIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

New Principal Place of Business:

Current Mailing Address:

308 W HIGHLAND BLVD
INVERNESS, FL 34452 US

New Mailing Address:

308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

FEI Number: 59-2123944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAVAGE, KENNETH L MD
308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

STARK, STEPHEN H MD
308 W. HIGHLAND BLVD
INVERNESS, FL 34452 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: STEPHEN H. STARK

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WALKER, DENNIS J MD
Address: 308 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: V () Delete
Name: ABADIER, RAFIK MD MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: V () Delete
Name: TRIGO, GISELA MD MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: DELFIN, LUIS MD
Address: 308 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: GONZALEZ, JAVIER M MD
Address: 308 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WALKER, DENNIS J MD
Address: 308 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VP (X) Change () Addition
Name: ABADIER, RAFIK MD MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VP (X) Change () Addition
Name: TRIGO, GISELA MD MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN H. STARK

PR

03/19/2009

Electronic Signature of Signing Officer or Director

Date