

# 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