

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F57351</b>	
1. Entity Name BAYONET POINT/HUDSON CARDIOLOGY ASSOCIATES, P.A.	
Principal Place of Business 14100 FIVAY ROAD, SUITE 160 HUDSON, FL 34667	Mailing Address 14100 FIVAY ROAD, SUITE 160 HUDSON, FL 34667



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2155537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TORRENCE, ALFRED W JR 6645 RIDGE ROAD PT RICHEY, FL 34668
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	PST MUSUNURU, S K RAO 14100 FIVAY RD STE 160 HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAREDDY, JOGIREDDY 14100 FIVAY RD, STE 160 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAKI, KHAJA 14100 FIVAY RD, STE 160 HUDSON, FL 34667
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01/24/05-80036-011 150.00

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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)(f), 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:** S.K. RAO MUSUNURU, Resident. 1/17/05 (727) 862-1080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #