

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57351

Entity Name: BAYONET POINT/HUDSON CARDIOLOGY ASSOCIATES, P.A.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

14100 FIVAY ROAD, SUITE 160
HUDSON, FL 34667

New Principal Place of Business:

14100 FIVAY ROAD, SUITE 160
HUDSON, FL 34667

Current Mailing Address:

New Mailing Address:

14100 FIVAY ROAD, SUITE 160

FEI Number: 59-2155537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

TORRENCE, ALFRED W JR
6709 RIDGE ROAD, SUITE 106
PORT RICHEY, FL 34668 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:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MUSUNURU, S K RAO,
Address: 14100 FIVAY RD STE 160
City-St-Zip: HUDSON, FL

Title: VP () Delete
Name: NAREDDY, JOGIREDDY
Address: 14100 FIVAY RD, STE 160
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: ZAKI, KHAJA
Address: 14100 FIVAY RD, STE 160
City-St-Zip: HUDSON, FL 34667

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUSUNURU, S K RAO,
Address: 14100 FIVAY RD STE 160
City-St-Zip: HUDSON, FL 34667

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

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

Title: T () Change (X) Addition
Name: RAMIREDDY, KESHAV
Address: 14100 FIVAY RD, STE 106
City-St-Zip: HUDSON, FL 34667

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: ALFRED W. TORRENCE, JR.

RA

04/16/2008

Electronic Signature of Signing Officer or Director

Date