

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90071 047 ***150.00



DOCUMENT # F59788			
1. Entity Name CARDIOLOGY ASSOCIATES OF BRADENTON, P.A.			
Principal Place of Business 1400 59TH STREET WEST BRADENTON FL 34209		Mailing Address 1400 59TH STREET WEST BRADENTON FL 34209	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2148538		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		7. Name and Address of New Registered Agent	
DAY, MICHAEL 1400 59TH ST. WEST BRADENTON FL 34209		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> POST	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAY, MICHAEL		NAME	
STREET ADDRESS 1400-59TH ST., W.		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEGROAT, THOMAS S.		NAME	
STREET ADDRESS 1400 59TH ST. W.		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIEBERT, HUGH P		NAME	
STREET ADDRESS 1400 59TH STREET W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOURIE, JOHN K.		NAME	
STREET ADDRESS 1400 59TH ST. W.		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* MICHAEL DAY *[Signature]* 1/29/04 941-795-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #