


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2148538 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAY, MICHAEL
1400 59TH ST. WEST
BRADENTON, FL 34209**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000388321
01/19/06-80074-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAY, MICHAEL 1400-59TH ST.,W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGROAT, THOMAS S. 1400 59TH ST. W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERT, HUGH P 1400 59TH STREET W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOURIE, JOHN K. 1400 59TH ST. W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **1-11-06 941 795 2468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #