2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90032 011 ***150.00

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1. Entity Name
CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Principal Place of Business	Mailing Address
4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952	4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE

02282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2171328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARRETT, ROBERT B
4130 TAMIAMI TRAIL, SUITE 100
PORT CHARLOTTE, FL 33952

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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

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

10. OFFICERS AND DIRECTORS

TITLE	S PRESIDENT
NAME	ROSENFIELD, LOUIS D.
STREET ADDRESS	24105 HARBOR VIEW ROAD
CITY-ST-ZIP	PT. CHARLOTTE, FL
TITLE	R TREASURER
NAME	RUGGIERI, DAVID E. RUGGIERI, DAVID E.
STREET ADDRESS	~~25188 MARION AVE, #1040~~ 2 MANDERSHAW LANE
CITY-ST-ZIP	~~PUNTA GORDA, FL~~ PUNTA GORDA, FL 33982
TITLE	~~T~~ VICE PRESIDENT
NAME	GARRETT, ROBERT B.
STREET ADDRESS	1129 CONOVER STREET
CITY-ST-ZIP	PT CHARLOTTE, FL
TITLE	~~VT~~ SECRETARY
NAME	POPPER, PAUL M.
STREET ADDRESS	2100 JAMAICA WAY
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	~~VP~~ VICE TREASURER
NAME	KRAMER, BARRY
STREET ADDRESS	7808 SANDERLINE ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ 4/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #