

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90026 038 ***150.00

DOCUMENT # F68420 1. Entity Name CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.					
Principal Place of Business 4130 TAMiami TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952			Mailing Address 4130 TAMiami TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2171328	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARRETT, ROBERT B 4130 TAMiami TRAIL, SUITE 100 PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD, LOUIS D. 24105 HARBOR VIEW ROAD PT. CHARLOTTE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUGGIERI, DAVID E 2 MANBER SHAW LANE PUNTA GORDA, FL 33982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUGGIERI, DAVID E 2 MANBER SHAW LANE PUNTA GORDA, FL 33982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRETT, ROBERT B. 1129 CONOVER ST. PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRETT, ROBERT B. 1129 CONOVER STREET PT CHARLOTTE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPPER, PAUL M. 2100 JAMICA WAY PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POPPER, PAUL M. 2100 JAMAICA WAY PUNTA GORDA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY KRAMER, BARRY 7808 SANDERLINE ROAD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRAMER, BARRY 7808 SANDERLINE ROAD SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROSENFELD, LOUIS D. 24105 HARBOR VIEW ROAD PORT CHARLOTTE, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 6/30/05 941-629-4500 <small>Date Daytime Phone #</small> </div>					

50055413



07012005 Chg-P CR2E034 (10/03)



**CARDIOLOGY
ASSOCIATES**

Robert B. Garrett, M.D.
James A. Hearn, M.D., F.A.C.C.
Barry L. Kramer, M.D.
Paul M. Popper, M.D., F.A.C.C., F.S.C.A.I.
Louis D. Rosenfield, M.D., F.A.C.C.
David E. Ruggieri, M.D.

ATTACHMENT
#F68420
50055413

Paul K. Albert, ARNP-CS
Dianne M. Baldwin, ARNP-CS
Kathleen M. Cullen, PA-C
Judith A. Dragon, ARNP
Deborah Jo Dunham, ARNP-CS
Thomas E. Flaherty, PA-C
Patricia Murtha, PA-C
Karena M. Polcyn, ARNP-C
Marcia H. Stoughton, ARNP-CS
Laura G. White, PA-C

June 30, 2005

Florida Dept. of State
Division of Corp.
P.O. Box 1500
Tallahassee, FL 32302-1500

I am enclosing check for our annual report fee in the amount of \$150.00. We did not receive prior notice in the mail for this renewal and accordingly checked the appropriate box which states the reason why we are enclosing this amount.

Sincerely,

Barbara Kenny
Accts.Payable Supervisor