

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90011 025 ***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**

40024100



2. Principal Place of Business

3. Mailing Address

01252006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RUGGIERI, DAVID E
2 MANDER SHAW LANE
PUNTA GORDA, FL 33982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARRETT, ROBERT B.
1129 CONOVER ST.
PORT CHARLOTTE, FL 33952** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GARRETT, ROBERT B
1129 CONOVER ST
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
POPPER, PAUL M
1691 HUNTER CREEK DRIVE
PUNTA GORDA, FL 33982** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
POPPER, PAUL M
2100 JAMICA WAY
PUNTA GORDA, FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KRAMER, BARRY
7808 SANDERLING ROAD
SARASOTA, FL 34242** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KRAMER, BAARY
7808 SAN DERLINE ROAD
SARASOTA, FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSENFELD, LOUIS D.
24105 HARBOR VIEW ROAD
PORT CHARLOTTE, FL 33980** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ROSENFELD, LOUIS D
24105 HARBOUR VIEW ROAD
PORT CHARLOTTE, FL 33980** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
RUGGIERI, DAVID
2 MANDERSHAN LANE
PUNTA GORDA, FL 33982** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 **941629-4500**
Date Daytime Phone #