2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90095 049 ***150.00

DOCUMENT # F68420

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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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

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 **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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P POPPER, PAUL M 1691 HUNTER CREEK DRIVE PUNTA GORDA, FL 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARRETT, ROBERT B 1129 CONOVER ST PORT CHARLOTTE FL 33952	☐ Delete	T KRAMER, BARRY 7808 SANDERLING ROAD SARASOTA, FL 34242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POPPER, PAUL M 2100 JAMICA WAY PUNTA GORDA FL 33950	☐ Delete	VP ROSENFIELD, LOUIS D. 24105 HARBORVIEW ROAD PORT CHARLOTTE, FL. 33980	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAMER, BAARY 7808 SAN DERLINE ROAD SARASOTA FL 34242	☐ Delete	S RUGGIERI, DAVID E 2 MANDER SHAW LANE PUNTA GORDA, FL. 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROSENFIELD, LOUIS D 24105 HARBOUR VIEW ROAD PORT CHARLOTTE FL 33980	☐ Delete	VT GARRETT, ROBERT B 1129 CONOVER ST. PORT CHARLOTTE, FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARRETT, ROBERT B 1129 CONOVER ST PORT CHARLOTTE FL 33952	☐ 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 Section 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: _____ Via - Pres. 3/1/07 941 629-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #