2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68420

FILED May 01, 2008 Secretary of State

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

Current Principal Place of Business:			New Pri	New Principal Place of Business:	
	AMI TRAIL, SU LOTTE, FL 33				
Current Mailing Address:			New Ma	New Mailing Address:	
4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE, FL 33952			ATTN: E	4130 TAMIAMI TRAIL, SUITE 100 ATTN: BARB KENNY PT. CHARLOTTE, FL 33952	
FEI Number:	59-2171328	FEI Number Applied For ()	El Number Not A	pplicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				nd Address of New Registered Agent:	
4130 TAMIA PORT CHA		33952 US	pose of changin	g its registered office or registered agent, or both,	
SIGNATUR	ΣF·				
0.014/ (101		ic Signature of Registered Agent		 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			- -	the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () RUGGIERI, DA' 2 MANDER SHA PUNTA GORDA	AW LANE	Title: Name: Address: City-St-Zip	T (X) Change () Addition RUGGIERI, DAVID E 2 MANDER SHAW LANE D: PUNTA GORDA, FL 33982	
Title: Name: Address: City-St-Zip:	GARRETT, ROI 1129 CONOVE		Title: Name: Address: City-St-Zip	VP (X) Change () Addition GARRETT, ROBERT B 1129 CONOVER ST D: PORT CHARLOTTE, FL 33952	
Title: Name: Address: City-St-Zip:	P () POPPER, PAUI 2100 JAMICA V PUNTA GORDA	VAY	Title: Name: Address: City-St-Zip	S (X) Change () Addition POPPER, PAUL M 1691 HUNTER CREEK DRIVE D: PUNTA GORDA, FL 33982	
Title: Name: Address: City-St-Zip:	T (X) KRAMER, BAR 7808 SAN DER SARASOTA, FL	LINE ROAD	Title: Name: Address: City-St-Zip	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENFIELD, 24105 HARBOU		Title: Name: Address: City-St-Zip	P (X) Change () Addition ROSENFIELD, LOUIS D 24105 HARBOUR VIEW ROAD D: PORT CHARLOTTE, FL 33980	
Title: Name: Address: City-St-Zip:	GARRETT, ROI 1129 CONOVE		Title: Name: Address: City-St-Zip	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS D. ROSENFIELD P 05/01/2008