

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68420

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

4130 TAMIAMI TRAIL, SUITE 100
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

4130 TAMIAMI TRAIL, SUITE 100
ATTN: BARB KENNY
PT. CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2171328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUGGIERI, DAVID E
Address: 2 MANDER SHAW LANE
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP () Delete
Name: GARRETT, ROBERT B
Address: 1129 CONOVER ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: POPPER, PAUL M
Address: 1691 HUNTER CREEK DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

Title: P () Delete
Name: ROSENFELD, LOUIS D
Address: 24105 HARBOR VIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RUGGIERI, DAVID E
Address: 2 MANDER SHAW LANE
City-St-Zip: PUNTA GORDA, FL 33982

Title: P (X) Change () Addition
Name: GARRETT, ROBERT B
Address: 1129 CONOVER ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change () Addition
Name: HEARN, JAMES A
Address: 16000 RIDGEWOOD CT
City-St-Zip: PUNTA GORDA, FL 33982

Title: T (X) Change () Addition
Name: ROSENFELD, LOUIS D
Address: 24105 HARBORVIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33980

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: BARBARA KENNY

AP

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date