

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72866

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CARDIAC CLINIC OF SUNIL M. KAKKAR, M.D., P.A.

## Current Principal Place of Business:

311 WEST OAK STREET  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

311 WEST OAK STREET  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 59-2180685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAKKAR, SUNIL M MD  
5542 OSPREY ISLE LANE  
ORLANDO, FL 32819 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: PTS ( ) Delete  
Name: KAKKAR, SUNIL M.,  
Address: 5542 OSPREY ISLE LANE  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: KAKKAR, SUNIL M.,  
Address: 5542 OSPREY ISLE LANE  
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete  
Name: PADMA, RAJU K  
Address: 3898 HUNTERS ISLE DRIVE  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KAKKAR, SUNIL M.,  
Address: 5542 OSPREY ISLE LANE  
City-St-Zip: ORLANDO, FL

Title: VP (X) Change ( ) Addition  
Name: PADMA K. RAJU,  
Address: 3898 HUNTER ISLE DRIVE  
City-St-Zip: ORLANDO, FL

Title: VP (X) Change ( ) Addition  
Name: MADAN, ATUL  
Address: 12021VILLANOVA DRIVE  
City-St-Zip: ORLANDO, FL 32837

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: SUNIL M. KAKKAR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/27/2007

\_\_\_\_\_  
Date