2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# G30409

Entity Name: FLORIDA CARDIOLOGY, P.A.

Current Principal Place of Business:

2699 LEE ROAD, STE 100
WINTER PARK, FL 32789 US

New Principal Place of Business:

483 N. SEMORAN BLVD
SUITE 102
WINTER PARK, FL 32792 US

Current Mailing Address:

2699 LEE ROAD, STE 100
WINTER PARK, FL 32789 US

New Mailing Address:

483 N. SEMORAN BLVD
SUITE 204
WINTER PARK, FL 32792 US

FEI Number: 59-2262342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAJAJ, SANDEEP M.D.
2699 LEE RD
SUITE 100
WINTER PARK, FL 327898738 US

Name and Address of New Registered Agent:

BAJAJ, SANDEEP M.D.
483 N. SEMORAN BLVD
SUITE 204
WINTER PARK, FL 32792 US

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: SANDEEP BAJAJ 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAJAJ, SANDEEP
Address: 2699 LEE ROAD, STE 100
City-St-Zip: WINTER PARK, FL 32789 US

Title: TD ( ) Delete
Name: REDDY, KARAN
Address: 2699 LEE ROAD SUITE 100
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAJAJ, SANDEEP
Address: 483 N. SEMORAN BLVD, SUITE 204
City-St-Zip: WINTER PARK, FL 32792 US

Title: TD (X) Change ( ) Addition
Name: REDDY, KARAN
Address: 483 N. SEMORAN BLVD, SUITE 204
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE CFO 04/27/2007
Electronic Signature of Signing Officer or Director Date