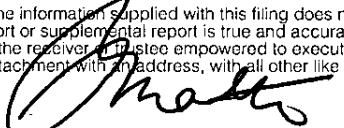


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 029 ***150.00

DOCUMENT # G32631 1. Entity Name CARDIOVASCULAR ASSOCIATES, INC.					
Principal Place of Business 601 OAK COMMONS BLVD KISSIMMEE, FL 34741-6620			Mailing Address 601 OAK COMMONS BLVD KISSIMMEE, FL 34741-6620		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2488096	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MATHIAS, PATRICK F. 601 OAK COMMONS BLVD KISSIMMEE, FL 32741				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 MASSEY, JOHNSON P. 601 OAK COMMONS BLVD KISSIMMEE, FL 34741	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHIAS, PATRICK 601 OAK COMMONS PLACE KISSIMMEE, FL 34741	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, ROBERT L. 801 W. OAK ST., #202 KISSIMMEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODOLIO, ALDIR 601 OAK COMMONS BLVD Q KISSIMMEE, FL 34741	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PATRICK F. MATHIAS 01/19/04 407-846-0626 x229					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					