

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2488096	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MATHIAS, PATRICK F. 601 OAK COMMONS BLVD KISSIMMEE, FL 32741

DO NOT WRITE IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSEY, JOHNSON P. 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATHIAS, PATRICK 601 OAK COMMONS PLACE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETT, ROBERT L. 601 OAK COMMONS BLVD. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDIR, RODOLFO E 601 OAK COMMONS BLVD Q KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIM, THOMAS Y 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LADDU, PRASHANTA A 601 OAK COMMONS BLVD KISSIMMEE, FL 34741

U00000188162
01/24/05-80044-022 150.00

DO NOT WRITE IN THIS SPACE

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/17/05</u>	Daytime Phone # <u>407-846-0626</u>
---	---------------------	-------------------------------------