

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2488096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/28/08-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #