## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32631

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

KISSIMMEE, FL 34741

601 OAK COMMONS BLVD.

KISSIMMEE, FL 34741

LADDU, PRASHANTA A

KISSIMMEE FL 34741

601 OAK COMMONS BLVD

KIM, THOMAS Y

( ) Delete

( ) Delete

FILED Jan 17, 2009 Secretary of State

Entity Name: CARDIOVASCULAR ASSOCIATES, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
	OMMONS BLV E, FL 34741662					
Current Mailing Address:			New Mailing Address:			
	OMMONS BLV E, FL 34741662					
FEI Number:	59-2488096	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				Address of N	lew Registered Agent:	
601 OAK C	PATRICK F. OMMONS BLV E, FL 32741	D US				
The above in the State	named entity su of Florida.	ubmits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR						
Election Carr		c Signature of Registered Age  Trust Fund Contribution ( ).	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	Р ()[	Delete	Title:	PD (X	) Change ()Addition	
Name:	MASSEY, JOHNS		Name:	MASSEY, JOH		
Address: City-St-Zip:	601 OAK COMM KISSIMMEE, FL		Address: City-St-Zip:	601 OAK COMI KISSIMMEE, FI		
Oity Ot Zip.	TOO IIVIIVIEE, TE	04741	Oity Ot 21p.	TOOMVIIVIEE, T		
Title:		Delete	Title:		) Change ( ) Addition	
Name:	MATHIAS, PATRI 601 OAK COMM	*	Name:	MATHIAS, PATI 601 OAK COM		
Address: City-St-Zip:	KISSIMMEE, FL		Address: City-St-Zip:	KISSIMMEE, F		
Title:	VP ()[	Delete	Title:	VD (X	) Change ( ) Addition	
Name:	BARRETT, ROBE		Name:	BARRETT, RO		
Address: City-St-Zip:	601 OAK COMM KISSIMMEE, FL	ONS BLVD.	Address: City-St-Zip:	601 OAK COMI KISSIMMEE, FI		
Title:	VP ()[	Delete	Title:	VD (X	) Change ()Addition	
Name:	ALDIR, RODOLF		Name:	ALDIR, RODOL		
Address:	601 OAK COMM	DNS RTAD Ø	Address:	601 OAK COM	VIONS BLVD Q	

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

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(X) Change ( ) Addition

(X) Change ( ) Addition

SIGNATURE: JOHNSON P. MASSEY **PRES** 01/17/2009