# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2012**
**Secretary of State**

DOCUMENT# G32631

**Entity Name:** CARDIOVASCULAR ASSOCIATES, INC.

**Current Principal Place of Business:**

601 OAK COMMONS BLVD
KISSIMMEE, FL 347416620

**New Principal Place of Business:**

**Current Mailing Address:**

601 OAK COMMONS BLVD
KISSIMMEE, FL 347416620

**New Mailing Address:**

**FEI Number: 59-2488096** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATHIAS, PATRICK F
601 OAK COMMONS BLVD
KISSIMMEE, FL 32741 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: MASSEY, JOHNSON P
Address: 601 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: STD
Name: MATHIAS, PATRICK F
Address: 601 OAK COMMONS PLACE
City-St-Zip: KISSIMMEE, FL 34741

Title: VD
Name: BARRETT, ROBERT L
Address: 601 OAK COMMONS BLVD.
City-St-Zip: KISSIMMEE, FL

Title: VD
Name: KIM, THOMAS Y
Address: 601 OAK COMMONS BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: VD
Name: LADDU, PRASHANTA A
Address: 601 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: VD
Name: KUMAR, MUKESH
Address: 601 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: JOHNSON P MASSEY PD 01/31/2012

Electronic Signature of Signing Officer or Director Date