

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88342

FILED
Mar 20, 2012
Secretary of State

Entity Name: LEWIS & KLANCKE CARDIOLOGY, P.A.

Current Principal Place of Business:

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2385440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, VANCE E
695 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 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: D
Name: RAYOS, GLENN H MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: KLANCKE, KIM A MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: D
Name: WILSON, VANCE E MD
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: D
Name: WEST, OSCAR D MD
Address: 695 N. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: BROOME-WEBSTER, CHAD L MD
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: SEIDE, HANSCY
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

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: GLENN RAYOS

PRES

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date