2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# H09156

Entity Name: PEDIATRIC CARDIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

3813 OAKWATER CIRCLE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3813 OAKWATER CIRCLE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2420823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, AGUSTIN
3813 OAKWATER CIRCLE
ORLANDO, FL 32806

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RAMOS, AGUSTIN,	
Address:	3813 OAKWATER CIRCLE	
City-St-Zip:	ORLANDO, FL	
Title:	VP	( ) Delete
Name:	CARSON, THOMAS	
Address:	3813 OAKWATER CIRCLE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	S	( ) Delete
Name:	APPLETON, ROBERT S.	
Address:	3813 OAKWATER CIRCLE	
City-St-Zip:	ORLANDO, FL	
Title:	T	( ) Delete
Name:	GARCIA, JORGE	
Address:	3813 OAKWATER CIR	
City-St-Zip:	ORLANDO, FL 32803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: AGUSTIN RAMOS, M.D. PD 04/08/2004

Electronic Signature of Signing Officer or Director — Date