

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09156

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** PEDIATRIC CARDIOLOGY CONSULTANTS, P.A.

**Current Principal Place of Business:**

2501 N ORANGE AVE  
310  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2501 N ORANGE AVE  
310  
ORLANDO, FL 32804

**New Mailing Address:**

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

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

RAMOS, AGUSTIN MD  
2501 N ORANGE AVE  
SUITE 310  
ORLANDO, FL 32804 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: RAMOS, AGUSTIN MD  
Address: 2501 N ORANGE AVE, SUITE 310  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: GARCIA, JORGE A MD  
Address: 2501 N ORANGE AVE, SUITE 310  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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.

SIGNATURE: AGUSTIN RAMOS, MD

PRES

01/07/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date