


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State


03-07-2005 90254 027 ***150.00

DOCUMENT # K90250 1. Entity Name HARRISON CARDIOVASCULAR CENTER, P.A.	
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Principal Place of Business 601 AUDUBON ST 602 SUITE B TAMPA, FL 33609	Mailing Address 601 AUDUBON ST SUITE B TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

40000113



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3027321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDBERG, HUGO C
4307 W. ROLAND ST
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

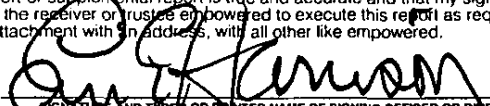
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, ERIC E 901 S OREGON TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDBERG, HUGO C 4307 W. ROLAND ST TAMPA, FL 33609
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/25/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____