2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# L35690

Entity Name: HARBOR CARDIOLOGY & VASCULAR CENTER, P.A.

Current Principal Place of Business:

% JACK O. HACKETT, II
115 W. OLYMPIA AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

% JACK O. HACKETT, II
99 NESBIT STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

P.O. BOX 511447
115 W. OLYMPIA AVENUE
PUNTI GORDA, FL 339511447 US

New Mailing Address:

P.O. DRAWER 511447
PUNTA GORDA, FL 339511447 US

FEI Number: 65-0159455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKETT, JACK O., II
115 WEST OLYMPIA AVENUE
PUNTA GORDA, FL 33950

Name and Address of New Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950

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: JACK O. HACKETT II 04/26/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NANDIGAM, BALA K.,
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL

Title: DVS ( ) Delete
Name: NANDIGAM, USHA K.,
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL

Title: T ( ) Delete
Name: NANDIGAM, USHA K.,
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NANDIGAM, BALA K
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DVS (X) Change ( ) Addition
Name: NANDIGAM, USHA K
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change ( ) Addition
Name: NANDIGAM, USHA K
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V ( ) Change (X) Addition
Name: PATEL, HIREN K MD
Address: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL 33952

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: USHA K. NANDIGAM DVS 04/26/2002
Electronic Signature of Signing Officer or Director Date