2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L35690

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

99 NESBIT ST
PUNTA GORDA, FL 33950 US

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 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
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DP ( ) Delete
Name: NANDIGAM, BALA K
Address: 1600 N TAMIAMI TR STE 300
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVST ( ) Delete
Name: NANDIGAM, USHA K
Address: 1600 N TAMIAMI TR ATE 300
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DV ( ) Delete
Name: PATEL, HIREN K MD
Address: 1600 N TAMIAMI TR STE 300
City-St-Zip: PORT CHARLOTTE, FL 33948

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BALA K. NANDIGAM DP 04/20/2007
Electronic Signature of Signing Officer or Director Date