2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
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:

Current Mailing Address:

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

New Mailing Address:

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

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: 2400 HARBOR BLVD., #22
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DV (X) Change ( ) 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: BALA NANDIGAM P 04/29/2003

Electronic Signature of Signing Officer or Director — Date