

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64759

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CARDIOLOGY CENTER OF TAMPA, P.A.

## Current Principal Place of Business:

13701 BRUCE B DOWNS BLVD  
SUITE 101  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

13701 BRUCE B DOWNS BLVD  
SUITE 101  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 59-2998397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANEDO, MARIO I. M.D.  
13701 BRUCE B. DOWNS BLVD.  
SUITE 101  
TAMPA, FL 33613 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: P ( ) Delete  
Name: CANEDO, MARIO I M.D.  
Address: 14603 ANCHORET ROAD  
City-St-Zip: TAMPA, FL 33624

Title: SV ( ) Delete  
Name: GARCIA, JUAN A M.D.  
Address: 19 S. TREASURE DR  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: O'HARA, MITCHELL B D.O.  
Address: 5016 GIVENDALE LANE  
City-St-Zip: TAMPA, FL 33647

Title: O ( ) Delete  
Name: MARQUES, VASCO M M.D.  
Address: 4902 LONDONDERRY DR  
City-St-Zip: TAMPA, FL 33647

## 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:

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 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: MARIO I. CANEDO, M. D.

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date