

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64759

FILED
Mar 21, 2006
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: SV (X) Change () Addition
Name: GARCIA, JUAN A M.D.
Address: 23 S. TREASURE DR
City-St-Zip: TAMPA, FL 33609

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: MARIO I CANEDO

P

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date