2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P00000003740

Entity Name: IMS VASCULAR PARTNERS OF ORLANDO, INC.

Current Principal Place of Business:

3885 OAKWATER CIR., STE. 2
ORLANDO, FL 32806

New Principal Place of Business:

1511 SLIGH BLVD
STE A
ORLANDO, FL 32806

Current Mailing Address:

3885 OAKWATER CIR., STE. 2
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-1362451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, REX
3885 OAKWATER CIRCLR
ORLANDO, FL 32806 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: D ( ) Delete
Name: ABBOTT, LIONEL C M.D.
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: ABREU, ELPIDIO A M.D.
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: COHEN, JEFFREY M M.D.
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PRINCE, TIMOTHY MD
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: LARRANAGA, JORGE A MD
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: ARVIND, MADAR
Address: 3885 OAKWATER CIR., STE. 2
City-St-Zip: ORLANDO, FL 32806

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:

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: ARVIND MADAN D 04/22/2005

Electronic Signature of Signing Officer or Director — Date