2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000097954

1. Entity Name

ADVANCED CARDIOLOGY SPECIALISTS, P.A.



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Principal Place of Business

7300 SANDLAKE COMMONS BLVD

STE 106

ORLANDO, FL 32819

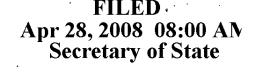
Mailing Address

7300 SANDLAKE COMMONS BLVD

STE 106

gại đá M

ORLANDO, FL 32819





04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3675389

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DIN, SALAH U M.D. 7300 SANDLAKE COMMONS BLVD STE 106 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement	: for the purpose of changing	its registered office or registered a	gent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	•	_		•
			•		

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SIGNATURE

Signature types or printer name of registered agent and bite if applicable

(NOTE flegistered Agent signature recurred when rematating)

FILE NOW!!! FEE 18,\$150.00 After May 1, 2008 Fee will be \$550,00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

7373

34.43

U00000927350 05/20/08-80102-015 150**.**00

10. OFFICERS AND DIRECTORS TITLE DIN, SALAH U STREET ADDRESS 7300 SANDLAKE COMMONS BLVD STE 106 CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY - ST-7JP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florica Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #