

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90039 042 ***150.00

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1. Entity Name

CARDIAC PROFESSIONALS, INC.



Principal Place of Business

1343 MAIN STREET
300
SARASOTA FL 34236

Mailing Address

10515 CYPRESS POINT DRIVE
BRADENTON FL 34202

44044000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

1343 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34236

Sarasota

4. FEI Number

65-1066577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BARTON T
10515 CYPRESS POINT DRIVE
BRADENTON FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WALKER, BARTON T
STREET ADDRESS 10515 CYPRESS POINT DRIVE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☒ Change ☐ Addition
NAME 8420 misty Morning Court
STREET ADDRESS Bradenton, FL 34202
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALKER, SHARON A
STREET ADDRESS 10515 CYPRESS POINT DRIVE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☒ Change ☐ Addition
NAME 6556 Moorings Point Circle unit
STREET ADDRESS Bradenton, FL 34202
CITY-ST-ZIP 202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Barton T. Walker

BARTON T. WALKER 3-30-04 360-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #