FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90467 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003235

90039061

1. Entity Name
CARDIAC PROFESSIONALS, INC.

Principal Place of Business
10515 CYPRESS POINT DRIVE
BRADENTON, FL 34202

Mailing Address
10515 CYPRESS POINT DRIVE
BRADENTON, FL 34202

2. Principal Place of Business: 1343 Main Street
Suite, Apt. #, etc.: 300
City & State: Sarasota, FL
Zip: 34236 Country: Sarasota

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

X CHECK HERE IF MAKING CHANGES

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
WALKER, BARTON T
10515 CYPRESS POINT DRIVE
BRADENTON, FL 34202

7. Name and Address of New Registered Agent
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: Barton T. Walker Barton T. Walker 2/27/03
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, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, BARTON T 10515 CYPRESS POINT DRIVE BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, SHARON A 10515 CYPRESS POINT DRIVE BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 2/27/03 (941) 360-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Barton T. Walker