

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004189

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** CARDIOVASCULAR CENTER OF TAMPA, P.A.

**Current Principal Place of Business:**

3000 E FLETCHER AVE  
SUITE 370  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

3000 E FLETCHER AVE  
SUITE 370  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 59-3692077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELCHAHAL, SAMI  
3000 E FLETCHER AVE  
SUITE 370  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ELCHAHAL, SAMI  
Address: 3000 E FLETCHER AVE, STE 370  
City-St-Zip: TAMPA, FL 33613

I hereby 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 all other like empowered.

SIGNATURE: SAMI ELCHAHAL

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date