

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096389

FILED  
Feb 26, 2004  
Secretary of State

**Entity Name:** FLORIDA CARDIOVASCULAR INSTITUTE LAND HOLDINGS, INC.

**Current Principal Place of Business:**

4816 LONDONBERRY DR.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

4816 LONDONBERRY DR.  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 59-3748167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FONTANET, HECTOR L  
4816 LONDONBERRY DR.  
TAMPA, FL 33647

**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: FONTANET, HECTOR L  
Address: 4816 LONDONBERRY DR.  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: GALLARDO, IGNACIO  
Address: 5077 SOUTHAMPTON CIR.  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: KOCH, LISA SAFF  
Address: 942 HARBOUR BAY DR.  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: SULLBARGER, J. THOMPSON  
Address: 13905 OBERLIN MANOR WAY  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: MATAR, FADI A  
Address: 9809 BAY ISLAND DR.  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: SAYAD, DANY E  
Address: 5023 SOUTHAMPTON CIR.  
City-St-Zip: TAMPA, FL 33647

**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: HECTOR FONTANET

MD

02/26/2004

Electronic Signature of Signing Officer or Director

Date