

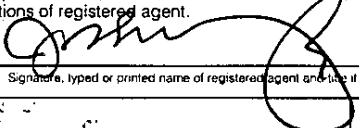
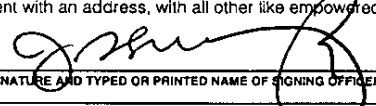


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90048 009 ***150.00

DOCUMENT # P01000096389 1. Entity Name FLORIDA CARDIOVASCULAR INSTITUTE LAND HOLDINGS, INC.					
Principal Place of Business 4816 LONDONBERRY DR. TAMPA, FL 33647			Mailing Address 4816 LONDONBERRY DR. TAMPA, FL 33647		
2. Principal Place of Business 509 S. ARMENIA AVE.		3. Mailing Address 509 S. ARMENIA AVE.			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33609		Country USA		03282005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3748167		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FONTANET, HECTOR L 4816 LONDONBERRY DR. TAMPA, FL 33647			7. Name and Address of New Registered Agent Name J. THOMPSON SULLEBARGER M.D. Street Address (P.O. Box Number is Not Acceptable) 509 S. ARMENIA AVE SUITE 200 City TAMPA FL Zip Code 33609		
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  3/28/05 J. THOMPSON SULLEBARGER, M.D. PRESIDENT <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 FONTANET, HECTOR L 4816 LONDONBERRY DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLARDO, IGNACIO 5077 SOUTHAMPTON CIR. TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCHE, LISA SAFF 942 HARBOUR BAY DR. TAMPA, FL 33613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLEBARGER, J. THOMPSON 13905 OBERLIN MANOR WAY TAMPA, FL 33613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SULLEBARGER, J. THOMPSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATAR, FADI A 9809 BAY ISLAND DR. TAMPA, FL 33615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAYAD, DANY E 5023 SOUTHAMPTON CIR. TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/28/05 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
J. THOMPSON SULLEBARGER 813-353-8634					