

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096389

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDA CARDIOVASCULAR INSTITUTE LAND HOLDINGS, INC.

Current Principal Place of Business:

509 S ARMENIA AVE
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

509 S ARMENIA AVE
SUITE 200
TAMPA, FL 33609

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:

SULLEBARGER, THOMPSON J M.D.
509 S. ARMENIA
SUITE 200
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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: DP () 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

Title: D () Delete
Name: FERNANDEZ, JOEL
Address: 205 S. TRASK ST
City-St-Zip: TAMPA, FL 33609

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 exemption stated in Chapter 119, 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: J. THOMPSON SULLEBARGER

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date