

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90067 006 ***150.00

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|---|---|--|---|---|--|
| DOCUMENT # P01000096389 | | | | | |
| 1. Entity Name FLORIDA CARDIOVASCULAR INSTITUTE LAND HOLDINGS, INC. | | | | | |
| Principal Place of Business 509 S ARMENIA AVE SUITE 200 TAMPA, FL 33609 | | | Mailing Address 509 S ARMENIA AVE SUITE 200 TAMPA, FL 33609 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3748167 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SULLEBARGER, THOMPSON J M.D. 509 S. ARMENIA SUITE 200 TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name: <u>Sullebarger, J. Thompson</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 GALLARDO, IGNACIO 5077 SOUTHAMPTON CIR. TAMPA, FL 33647 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Taylor, Marc A. 945 Hemingway Circle Tampa, FL 33602 | <input type="checkbox"/> Change <input checked="" 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 | DP Sullebarger, J. Thompson 14013 Lake Magdalene Blvd. Tampa, FL 33618 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SULLBARGER, J. THOMPSON 13905 OBERLIN MANOR WAY TAMPA, FL 33613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATAR, FADI A 9809 BAY ISLAND DR. TAMPA, FL 33615 | <input 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 | D SAYAD, DANY E 5023 SOUTHAMPTON CIR. TAMPA, FL 33647 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, JOEL 205 S. TRASK ST TAMPA, FL 33609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAYAD, DANY E 5023 SOUTHAMPTON CIR. TAMPA, FL 33647 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/19/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |