

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005248

FILED
Apr 18, 2011
Secretary of State

Entity Name: NORTHEAST FLORIDA CARDIOLOGY CLINIC, P.A.

Current Principal Place of Business:

2735 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2735 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 03-0377192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANDHI, PANKAJ MD
2735 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216 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: MD
Name: GANDHI, PANKAJ H
Address: 2735 UNIVERSITY BLVD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: MD
Name: PATEL, NEHU C
Address: 2735 UNIVERSITY BLVD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: MD
Name: PATEL, SALIL J
Address: 2735 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

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: PANKAJ H. GANDHI

PRES

04/18/2011

Electronic Signature of Signing Officer or Director

Date