

# 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