2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P02000023695

Entity Name: CARDIOVASCULAR CARE OF SARASOTA, P.A.

Current Principal Place of Business:

5741 BEE RIDGE ROAD, SUITE 320
SARASOTA, FL 34233 US

New Principal Place of Business:

5741 BEE RIDGE ROAD, SUITE 490
SARASOTA, FL 34233 US

Current Mailing Address:

802 11TH STREET WEST
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 03-0402435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: PD ( ) Delete
Name: BARRON, MICHAEL K
Address: 5741 BEE RIDGE ROAD, SUITE 320
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete
Name: CULP, JOHN R
Address: 1921 WALDEMERE STREET, STE 601
City-St-Zip: SARASOTA, FL 34239

Title: STD ( ) Delete
Name: KOSHY, N. MATHEW
Address: 1921 WALDEMERE STREET, STE 601
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRON, MICHAEL K
Address: 5741 BEE RIDGE ROAD, SUITE 490
City-St-Zip: SARASOTA, FL 34233

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: MICHAEL K. BARRON, M.D. PD 02/17/2009

Electronic Signature of Signing Officer or Director Date