

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000023695

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

802 11TH STREET WEST  
BRADENTON, FL 34205 US

**New Mailing Address:**

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

**FEI Number:** 03-0402435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRON, MICHAEL K MD  
5741 BEE RIDGE ROAD, SUITE 490  
SARASOTA, FL 34233 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: PD  
Name: BARRON, MICHAEL K  
Address: 5741 BEE RIDGE ROAD, SUITE 490  
City-St-Zip: SARASOTA, FL 34233

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

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

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: MICHAEL K. BARRON, M.D.

PD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date