

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023695

FILED
Feb 27, 2012
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:

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

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: 5741 BEE RIDGE ROAD, STE 490
City-St-Zip: SARASOTA, FL 34233

Title: STD
Name: KOSHY, N. MATHEW
Address: 5741 BEE RIDGE ROAD, STE 490
City-St-Zip: SARASOTA, FL 34233

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, MD

PD

02/27/2012

Electronic Signature of Signing Officer or Director

Date