

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90099 042 ***150.00

DOCUMENT # P02000046135
 1. Entity Name
 EVENHUIS CARDIOLOGY & INTERNAL MEDICINE, P.A.



Principal Place of Business: 2500 9TH ST NORTH, STE 112, NAPLES, FL 34103
 Mailing Address: PO BOX 12018, NAPLES, FL 34101-2018

54060559



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State: Zip Country

4. FEI Number: 03-0433159
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BODAH, MICHAEL J CPA
 771 ANDERSON DR
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): 2443 Pine Wood Circle
 City: Naples FL Zip Code: 34105

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: [Signature] Michael J. Bodah 7/1/04
 (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PT	WALThER, EVENHUIS	<input type="checkbox"/> Delete
STREET ADDRESS: 2500 9TH NORTH		
CITY-ST-ZIP: NAPLES, FL 34103		
TITLE: VS	EVENLUIs, VICTORIA	<input type="checkbox"/> Delete
STREET ADDRESS: 2500 9TH NORTH		
CITY-ST-ZIP: NAPLES, FL 34103		
TITLE: [Blank]		<input type="checkbox"/> Delete
NAME: [Blank]		
STREET ADDRESS: [Blank]		
CITY-ST-ZIP: [Blank]		
TITLE: [Blank]		<input type="checkbox"/> Delete
NAME: [Blank]		
STREET ADDRESS: [Blank]		
CITY-ST-ZIP: [Blank]		
TITLE: [Blank]		<input type="checkbox"/> Delete
NAME: [Blank]		
STREET ADDRESS: [Blank]		
CITY-ST-ZIP: [Blank]		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: [Blank]	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: 2500 Tamiami Trail North #112	
CITY-ST-ZIP: Naples FL 34103	
TITLE: [Blank]	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: VICTORIA LAGUNZAD	
STREET ADDRESS: 2500 TAMIAMi TRAIL North #112	
CITY-ST-ZIP: NAPLES FL 34103	
TITLE: [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: [Signature] 7/2/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #