

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046135

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** EVENHUIS CARDIOLOGY & INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

1351 PINE STREET  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12018  
NAPLES, FL 341012018

**New Mailing Address:**

**FEI Number:** 03-0433159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BODAH, MICHAEL J CPA  
2445 PINE WOOD CIRCLE  
NAPLES, FL 34105 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:** PT  
**Name:** WALTHER, EVENHUIS  
**Address:** 1351 PINE STREET  
**City-St-Zip:** NAPLES, FL 34104

**Title:** VS  
**Name:** LAGUNZAD, VICTORIA  
**Address:** 1351 PINE STREET  
**City-St-Zip:** NAPLES, FL 34104

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: WALTHER EVENHUIS

PRES

04/20/2011

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

\_\_\_\_\_ Date