

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104083

FILED
Jan 06, 2008
Secretary of State

Entity Name: NAPLES PEDIATRIC CARDIOLOGY CENTER, P.A.

Current Principal Place of Business:

5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

23 COLE FIELD ROAD
CAPE ELIZABETH, ME 04107

New Mailing Address:

FEI Number: 42-1555466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108 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: PRES () Delete
Name: REYES, AURELIO MD
Address: 23 COLE FIELD ROAD
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: SEC () Delete
Name: REYES, MADELEINE
Address: 23 COLE FIELD ROAD
City-St-Zip: CAPE ELIZABETH, ME 04107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AURELIO REYES, MD

PRES

01/06/2008

Electronic Signature of Signing Officer or Director

Date