

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118793

FILED
Apr 19, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA CARDIOVASCULAR CENTER, P.A.

Current Principal Place of Business:

1216 MT HOMER ROAD
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

1216 MT HOMER ROAD
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 52-2386311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAYENI, KEHINDE A MD
19046 PARK PLACE BLVD
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

LAYENI, KEHINDE A MD
1216 MT. HOMER ROAD
EUSTIS, FL 32726 US

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

04/19/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAYENI, KEHINDE A MD
Address: 19046 PARK PLACE BLVD
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAYENI, KEHINDE A MD
Address: 1216 MT. HOMER ROAD
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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: KEHINDE LAYENI

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date