2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P02000118793

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:

1691 MAYO DRIVE
TAVARES, FL 32778

Current Mailing Address:

1216 MT HOMER ROAD
EUSTIS, FL 32726

New Mailing Address:

1691 MAYO DRIVE
TAVARES, FL 32778

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
1216 MT. HOMER ROAD
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

LAYENI, KEHINDE A MD
1691 MAYO DRIVE
TAVARES, FL 32778 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: _____ 04/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAYENI, KEHINDE A MD
Address: 1691 MAYO DRIVE
City-St-Zip: TAVARES, FL 32778

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: KEHINDE LAYENI PRES 04/22/2008
Electronic Signature of Signing Officer or Director — Date