

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060986

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** HEART CARE & VASCULAR MEDICINE, P.A.

**Current Principal Place of Business:**

2101 NIGHTINGALE LANE  
TAVARES, FL 327784365

**New Principal Place of Business:**

**Current Mailing Address:**

2101 NIGHTINGALE LANE  
TAVARES, FL 327784365

**New Mailing Address:**

**FEI Number:** 57-1170101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAIRES HAMMOND, P.L.  
283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701 US

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

CBG SERVICES  
283 CRANES ROOST BLVD  
SUITE 165  
ALTAMONTE SPRINGS, FL 32701 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:** GREGORY A. CHAIRES, ESQ.

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** PARENTE, THOMAS F  
**Address:** 2101 NIGHTINGALE LANE  
**City-St-Zip:** TAVARES, FL 327784365

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:** THOMAS F PARENTE

DR

03/21/2011

Electronic Signature of Signing Officer or Director

Date