

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143699

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA CARDIOTHORACIC & VASCULAR CONSULTANTS, PA

**Current Principal Place of Business:**

6725 CEDAR RIDGE DRIVE  
SUITE 1  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

500 VONDERBURG DR  
SUITE 202E  
BRANDON, FL 33511-599 US

**Current Mailing Address:**

6725 CEDAR RIDGE DRIVE  
SUITE 1  
ZEPHYRHILLS, FL 33542 US

**New Mailing Address:**

500 VONDERBURG DR  
SUITE 202E  
BRANDON, FL 33511-599 US

**FEI Number:** 20-0441275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAN, FAISAL  
6725 CEDAR RIDGE DR  
SUITE 1  
ZEPHYRHILLS, FL 33542 US

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

KHAN, FAISAL  
500 VONDERBURG DR, SUITE 202E  
BRANDON, FL 33511 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:** FAISAL KHAN

01/19/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** KHAN, FAISAL  
**Address:** 6725 CEDAR RIDGE DRIVE, SUITE 1  
**City-St-Zip:** ZEPHYRHILLS, FL 33542 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** KHAN, FAISAL  
**Address:** 500 VONDERBURG DR, SUITE 202E  
**City-St-Zip:** BRANDON, FL 33511 US

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:** FAISAL KHAN

PSTD

01/19/2007

Electronic Signature of Signing Officer or Director

Date