

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000143699

**FILED**  
**Jun 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

633 W LUMSDEN ROAD  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

633 W LUMSDEN ROAD  
BRANDON, FL 33511 US

**New Mailing Address:**

**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  
633 W LUMSDEN ROAD  
BRANDON, FL 33511 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KHAN, FAISAL  
Address: 633 W LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511 US

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: FAISAL KHAN

PSTD

06/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date