

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064041 1. Entity Name CARDIOLOGY CONSULTANTS OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 14171 METROPOLIS AVE SUITE 101 FORT MYERS, FL 33912	Mailing Address 14171 METROPOLIS AVE SUITE 101 FORT MYERS, FL 33912
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02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1013520	Applied For Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ELIOT B
15601 QUEENSFERRY DRIVE
FORT MYERS, FL 33912

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	100000450914 03/10/06-80024-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HOFFMAN, ELIOT B PRES 15601 QUEENSFERRY DRIVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. WEST, STEVEN R 15636 FIDDLESTICKS BLVD. FORT MYERS, FL 33912
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eliot B. Hoffman* x 2-73-06 x 239-415-49

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR