

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 036 ***150.00

DOCUMENT # P05000011155

1. Entity Name
TRAYNOR CARDIOLOGY, INC.



Principal Place of Business Mailing Address
1559 SE LENNARD ROAD 1559 SE LENNARD ROAD
PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

07112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0241849 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAYNOR, KEVIN M
1246 NW BENTLEY CIRCLE
PORT SAINT LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name **TRAYNOR KEVIN M.**
Street Address (P.O. Box Number is Not Acceptable)
645 SW Long Key Court
City **Port St. Lucie** FL Zip Code **34986**

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 \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRAYNOR, KEVIN M	
STREET ADDRESS	1246 NW BENTLEY CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRAYNOR KEVIN M.	
STREET ADDRESS	645 SW Long Key Court	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Kevin M. Traynor 7/13/7 772.335.0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



KEVIN M. TRAYNOR, M.D., P.A.
CARDIOLOGY

40125765
#PO500001155

Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

Dear Representative:

Enclosed are my 2007 Annual report and a check in the amount of \$150 for the filing fee. I am requesting that the late fee of \$400 be waived per Florida Statute 607.193 (2)(b), and I certify that the corporation did not receive prior notice of the annual report.

Sincerely,

K. Traynor, M.D.