

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011155

Entity Name: TRAYNOR CARDIOLOGY, INC.

FILED  
Apr 03, 2011  
Secretary of State

## Current Principal Place of Business:

1559 SE LENNARD ROAD  
PORT SAINT LUCIE, FL 34952 US

## New Principal Place of Business:

2597 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34987 US

## Current Mailing Address:

1559 SE LENNARD ROAD  
PORT SAINT LUCIE, FL 34952 US

## New Mailing Address:

PO BOX 8688  
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0241849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAYNOR, KEVIN M  
645 SW LONG KEY COURT  
PORT SAINT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

TRAYNOR, KEVIN M M.D.  
645 SW LONG KEY COURT  
PORT SAINT LUCIE, FL 34986 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: KEVIN M. TRAYNOR, M.D.

04/03/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: TRAYNOR, KEVIN M M.D.  
Address: 645 SW LONG KEY COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986 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: KEVIN M. TRAYNOR, M.D.

P

04/03/2011

Electronic Signature of Signing Officer or Director

Date