

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116521

FILED
Aug 30, 2010
Secretary of State

Entity Name: CHARLOTTE CARDIOVASCULAR INSTITUTE, P.A.

Current Principal Place of Business:

4161 TAMIAMI TRAIL
SUITE 701
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 495069
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 20-3342253 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOTCHKISS, DAVID
4161 TAMIAMI TRAIL
SUITE 701
PORT CHARLOTTE, FL 33952 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: PST
Name: HOTCHKISS, DAVID
Address: 4161 TAMIAMI TRAIL SUITE 701
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D
Name: HOTCHKISS, DAVID
Address: 4161 TAMIAMI TRAIL SUITE 701
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: V
Name: HOTCHKISS, SHAUNE
Address: 4161 TAMIAMI TRAIL SUITE 701
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TREA
Name: HOTCHKISS, DAVID
Address: 4161 TAMIAMI TRAIL SUITE 701
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SECR
Name: HOTCHKISS, SHAUNE
Address: 4161 TAMIAMI TRAIL SUITE 701
City-St-Zip: PORT CHARLOTTE, FL 33952

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: SHAUNE HOTCHKISS

V

08/30/2010

Electronic Signature of Signing Officer or Director

Date