2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116521

Entity Name: CHARLOTTE CARDIOVASCULAR INSTITUTE, P.A.

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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4161 TAMIAMI TRAIL

SUITE 701

PORT CHARLOTTE, FL 33952 US

Current Mailing Address: New Mailing Address:

21351 HARBORSIDE BLVD
PORT CHARLOTTE, FL 33952 US
21351 HARBORSIDE BLVD
SUITE 701 ATTN: DIANE

PORT CHARLOTTE, FL 33952 US

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

Name and Address of Current Registered Agent: Name and Address o

Name and Address of New Registered Agent:

HOTCHKISS, DAVID 4161 TAMIAMI TRAIL SUITE 701

PORT CHARLOTTE, FL 33952 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:

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:

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Title: V

Name: HOTCHKISS, DAVID

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, DAVID

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: DAVID HOTCHKISS, MD V 04/10/2012