2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State
05-02-2006 90172 048 ***150.00

DOCUMENT # P05000133976

1. Entity Name
CARDIAC DISEASE MANAGEMENT COMPANY OF CENTRAL FLORIDA

66020660

Principal Place of Business	Mailing Address
1354 LONGOAK DRIVE NORTH LAKELAND, FL 33811 US	1354 LONGOAK DRIVE NORTH LAKELAND, FL 33811 US

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-3589032

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLOUGHLIN, PAUL 1354 LONGOAK DRIVE NORTH LAKELAND, FL 33811	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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. The entity understands the obligations of registered agent.

SIGNATURE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	PRES MCLOUGHLIN, PAUL 1354 LONGOAK DRIVE NORTH LAKELAND, FL 33811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add

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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul MC Loughlin 4/27/06 863-640-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR