

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128891

FILED
Feb 28, 2007
Secretary of State

Entity Name: NAPLES CARDIOVASCULAR SPECIALISTS, P.A.

Current Principal Place of Business:

680 2ND AVENUE NORTH
NAPLES, FL 34012

New Principal Place of Business:

Current Mailing Address:

680 2ND AVENUE NORTH
NAPLES, FL 34012

New Mailing Address:

FEI Number: 20-5591848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Change (X) Addition
Name: JAVIER, JULIAN J M.D.
Address: 680 2ND AVENUE NORTH, SUITE 203
City-St-Zip: NAPLES, FL 34102 US

Title: DVP () Change (X) Addition
Name: FLYNN, MICHAEL S M.D.
Address: 680 2ND AVENUE NORTH, SUITE 203
City-St-Zip: NAPLES, FL 34102 US

Title: DS () Change (X) Addition
Name: VENABLE, III, JAMES M M.D.
Address: 680 2ND AVENUE NORTH, SUITE 203
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIAN J. JAVIER, M.D.

DP

02/28/2007

Electronic Signature of Signing Officer or Director

Date