

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128891

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** NAPLES CARDIOVASCULAR SPECIALISTS, P.A.

**Current Principal Place of Business:**

680 2ND AVENUE NORTH  
SUITE 203  
NAPLES, FL 34012

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

Title: DS  
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 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: JULIAN JAVIER M.D.

DP

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date