2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# P06000148048

Entity Name: CONCIERGE CARDIOLOGY OF NAPLES, INC.

Current Principal Place of Business:

201 8TH STREET SO
SUITE 102
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

201 8TH STREET SO
SUITE 102
NAPLES, FL 34102

New Mailing Address:

FEI Number: 30-0395841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUONAVOLONTA, JAMES J M.D.
201 8TH STREET SO
SUITE 102
NAPLES, FL 34102 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: P
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: VP
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: S
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

Title: T
Name: BUONAVOLONTA, JAMES J M.D.
Address: 201 8TH STREET SO, STE 102
City-St-Zip: NAPLES, FL 34102

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: JAMES J BUONAVOLONTA, MD MD 02/23/2010

Electronic Signature of Signing Officer or Director — Date