

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148048

FILED
Jan 10, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: PRES
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, M.D.

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date