

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000007547

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** LAKEWOOD CARDIOVASCULAR CONSULTANTS, P.A.

**Current Principal Place of Business:**

6310 HEALTH PARK WAY  
SUITE 230  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

6310 HEALTH PARK WAY  
SUITE 230  
BRADENTON, FL 34202

**New Mailing Address:**

**FEI Number:** 20-8255024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDERON, ERICK E  
6310 HEALTH PARK WAY  
SUITE 230  
BRADENTON, FL 34202 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: D  
Name: CALDERON, ERICK E OWNER  
Address: 6310 HEALTH PARK WAY #230  
City-St-Zip: BRADENTON, FL 34202

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: ERICK E. CALDERON

CEO

03/01/2011

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

\_\_\_\_\_  
Date