

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083866

Entity Name: CARDOLOGISTS INC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

11028 SW 77TH COURT CIRCLE
PINECREST, FL 33156

New Principal Place of Business:

1099 ANCHOR AVENUE
THE VILLAGES, FL 32162 US

Current Mailing Address:

11028 SW 77TH COURT CIRCLE
PINECREST, FL 33156

New Mailing Address:

1099 ANCHOR AVENUE
THE VILLAGES, FL 32162 US

FEI Number: 51-0642567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBOWITZ, PAULETTE M
11028 SW 77TH COURT CIRCLE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

LEBOWITZ, PAULETTE M
1099 ANCHOR AVENUE
THE VILLAGES, FL 32162 US

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: PAULETTE M LEBOWITZ

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: LEBOWITZ, PAULETTE M
Address: 11028 SW 77TH COURT CIRCLE
City-St-Zip: PINECREST, FL 33156

Title: DIR () Delete
Name: MARKS, SHIRLEY I
Address: 9603 SW 69TH PLACE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: LEBOWITZ, PAULETTE M
Address: 1099 ANCHOR AVENUE
City-St-Zip: THE VILLAGES, FL 32162 US

Title: DIR (X) Change () Addition
Name: MARKS, SHIRLEY I
Address: 2228 CLEARWATER RUN
City-St-Zip: THE VILLAGES, FL 32162 US

I hereby certify that the information supplied with this filing does not qualify 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: PAULETTE M. LEBOWITZ

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date