## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106582

Entity Name: CARDIAC CONSULTANTS, P.A.

**FILED** Feb 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4036 GILDER ROSE PLACE 201 N PARK AVENUE WINTER PARK, FL 32792

SUITE 300

APOPKA, FL 32703

**Current Mailing Address: New Mailing Address:** 

4036 GILDER ROSE PLACE 201 N PARK AVENUE WINTER PARK, FL 32792

SUITE 300

APOPKA, FL 32703

FEI Number: 56-2677088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

THAKUR, AJAY M.D. THAKUR, AJAY M.D. 4036 GILDER ROSE PLACE 201 N PARK AVENUE WINTER PARK, FL 32792 APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: AJAY THAKUR 02/15/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete Title: (X) Change ( ) Addition

THAKUR, AJAY M.D. THAKUR, AJAY M.D. Name: Name: 4036 GILDER ROSE PLACE Address: 201 N PARK AVENUE Address: City-St-Zip: WINTER PARK,, FL 32792 City-St-Zip: APOPKA, FL 32703

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: AJAY THAKUR 02/15/2008 DR