

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011512

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** SOUTH SHORE CARDIOVASCULAR ASSOCIATES, INC.

**Current Principal Place of Business:**

16343 HEATHROW DRIVE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

1159 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

**Current Mailing Address:**

16343 HEATHROW DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

1159 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

**FEI Number:** 26-1868696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINGEGOWDA, MD, UMESH  
16343 HEATHROW DRIVE  
TAMPA, FL 33647 US

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

BIVINS, ROBERT W ESQ  
1060 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 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: ROBERT W BIVINS

02/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS D ( ) Delete  
Name: LINGEGOWDA, MD, UMESH  
Address: 16343 HEATHROW DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: VT D ( ) Delete  
Name: SINGH, HARSHINDER  
Address: 16343 HEATHROW DRIVE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: SINGH, HARSHINDER  
Address: 1159 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: V (X) Change ( ) Addition  
Name: PRIHAR, BETTY  
Address: 1159 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511 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: HARSHINDER SINGH

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02/13/2009

Electronic Signature of Signing Officer or Director

Date