

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028982

FILED  
May 01, 2010  
Secretary of State

Entity Name: HEART CARE CFL, P.A.

## Current Principal Place of Business:

782 FLORENCIA CIR.  
TITUSVILLE, FL 32780

## New Principal Place of Business:

3822 S. WASHINGTON AVE  
TITUSVILLE, FL 32780

## Current Mailing Address:

782 FLORENCIA CIR.  
TITUSVILLE, FL 32780

## New Mailing Address:

3822 S. WASHINGTON AVE  
TITUSVILLE, FL 32780

FEI Number: 26-2209463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, JEFFREY L.  
909 S.E. 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,PR  
Name: RAO, SURYA MD  
Address: 5166 ROYAL PADDOCK WAY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D,VP  
Name: RAO, RAVI MD  
Address: 782 FLORENCIA CIR.  
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC  
Name: RAO, MARY  
Address: 5166 ROYAL PADDOCK WAY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TREA  
Name: RAO, SUDHA  
Address: 782 FLORENCIA CIR.  
City-St-Zip: TITUSVILLE, FL 32780

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: SUDHA TALLURI-RAO

TREA

05/01/2010

Electronic Signature of Signing Officer or Director

Date