

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080517

Entity Name: SARASOTA CARDIOLOGY, PA

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2100 S. TAMIAMI TRL STE 200  
SARASOTA, FL 34239

## **New Principal Place of Business:**

2100 S. TAMIAMI TRL  
STE 200  
SARASOTA, FL 34239

## **Current Mailing Address:**

2100 S. TAMIAMI TRL STE 200  
SARASOTA, FL 34239

## **New Mailing Address:**

2100 S. TAMIAMI TRL  
STE 200  
SARASOTA, FL 34239

FEI Number: 26-3279320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TARANTO, CARLY  
2100 S. TAMIAMI TRL STE 200  
SARASOTA, FL 34239 US

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

DENTICI, JENA  
2100 S. TAMIAMI TRL STE 200  
SARASOTA, FL 34239 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: JD

03/15/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: NALLURI, CHIPPY MD  
Address: 2100 S. TAMIAMI TRL STE 200  
City-St-Zip: SARASOTA, FL 34239

Title: D  
Name: NALLURI, RAJA  
Address: 2100 S. TAMIAMI TRL STE 200  
City-St-Zip: SARASOTA, FL 34239

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: CHIPPY NALLURI

D

03/15/2012

Electronic Signature of Signing Officer or Director

Date