

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048070

FILED
Jan 08, 2008
Secretary of State

Entity Name: FLORIDA CARDIOVASCULAR ASSOCIATION, P.A.

Current Principal Place of Business:

1845 JESS PARRISH COURT
TITUSVILLE, FL 32796 US

New Principal Place of Business:

605 N WASHINGTON AVENUE
#100
TITUSVILLE, FL 32796 US

Current Mailing Address:

1845 JESS PARRISH COURT
TITUSVILLE, FL 32796 US

New Mailing Address:

605 N WASHINGTON AVENUE
#100
TITUSVILLE, FL 32796 US

FEI Number: 59-3321129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODY, NARESH V M.D.
1845 JESS PARRISH COURT
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

MODY, NARESH V M.D.
605 N WASHINGTON AVENUE
#100
TITUSVILLE, FL 32796 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: NARESH V MODY

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MODY, NARESH V M.D.
Address: 1845 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MODY, NARESH V M.D.
Address: 605 N WASHINGTON AVENUE #100
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Change (X) Addition
Name: MATHEWS, BIJU T MD
Address: 605 N WASHINGTON AVENUE #100
City-St-Zip: TITUSVILLE, FL 32796

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: NARESH V MODY

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date