2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035897

Entity Name: TRANSPLANT CARDIOLOGISTS P.A.

408 S HUBERT AVENUE

TAMPA, FL 33609

Address: City-St-Zip: FILED Mar 22, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
409 BAYSI TAMPA, F	HORE BLVD L 33606				
Current Mailing Address:			New Mailing Address:		
408 S HUE TAMPA, F	BERT AVENUE L 33609	Ē			
FEI Number	: 59-3386766	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
408 S. HU TAMPA, F The above		3	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MESTER, STE 404 VONDERB BRANDON, FL	ERG DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (BUGNI, WILLIA 404 VONDERB BRANDON, FL	ERG DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (RINDE-HOFFW) Delete AN, DEBBIE A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip: