

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000067942

1. Entity Name  
DR. UPA CARDIOLOGY, INC.



Principal Place of Business  
2301 N UNIVERSITY DRIVE  
106  
PEMBROKE PINES, FL 33024

Mailing Address  
P.O. BOX 841455  
PEMBROKE PINES, FL 33084

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0689455	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BALLINGER, STEVEN R  
2261 NO UNIVERSITY DRIVE STE 101  
PEMBROKE PINES, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

UN00000554157  
05/15/06-80080-010 158.75

10. OFFICERS AND DIRECTORS

TITLE P  
NAME UPADHYAYA, NAREN R MD  
STREET ADDRESS 2301 N UNIVERSITY DRIVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NARENDR A. UPADHYAYA M.D. 4/27/06. (954) 988-1233