


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000069168	
1. Entity Name ATLANTIC CARDIONET, P.A.	

Principal Place of Business 1305 S HICKORY ST MELBOURNE, FL 32902 US	Mailing Address 1305 S HICKORY ST MELBOURNE, FL 32902 US
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0692048	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NICHOLAS, JAMES M 1815 S PATRICK DR INDIAN HARBOR BEACH, FL 32937
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GADODIA, GOPAL 2290 W EAU GALLIE BLVD STE 200 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS DESAI, SHASHIN R 2290 W EAU GALLIE BLVD STE 200 MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____	2/26/04	321-255-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #