

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 040 ***150.00

DOCUMENT # P96000070500

1. Entity Name
BRANDON CARDIOLOGY CLINIC, P.A.

Principal Place of Business 320 OAKFIELD DRIVE SUITE A BRANDON, FL 33511	Mailing Address 320 OAKFIELD DRIVE SUITE A BRANDON, FL 33511
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01052004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3399944	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABANAYAGAM, THANGAM
3008 COLONIAL RIDGE DRIVE
SUITE A
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THANGAM, SABANAYAGAM 3008 COLONIAL RIDGE DR BRANDON, FL 33511 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKARANIA, MAGAN L 127 BARRINGTON DR BRANDON, FL 33511 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GANDHI, ADITHYA K 8933 MAGNOLIA CHASE CR TAMPA, FL 33647 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18128 Longwater Run Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Sabanayagam Thangam

1/9/04

813-689-1912

SABANAYAGAM Thangam, PRESIDENT