2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000070500

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

Principal Place of Business	Mailing Address
320 OAKFIELD DRIVE SUITE A BRANDON, FL 33511	320 OAKFIELD DRIVE SUITE A BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3399944
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	THANGAM, SABANAYAGAM
STREET ADDRESS	3008 COLONIAL RIDGE DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DVP
NAME	BAKARANIA, MAGAN L
STREET ADDRESS	127 BARRINGTON DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DS
NAME	GANDHI, ADITHYAK
STREET ADDRESS	18128 LONGWATER RUN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-80014-011 150.00

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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: Saba Thangam SABA THANGAM 2/24/05 813-689-7912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #