

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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



01102006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

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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01/25/06-80032-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Sabanayagam Thangam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06
Date

813-689-1912
Daytime Phone #