2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P96000070500

Entity Name: BRANDON CARDIOLOGY CLINIC, P.A.

Current Principal Place of Business:

320 OAKFIELD DRIVE
SUITE A
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

320 OAKFIELD DRIVE
SUITE A
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3399944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SABANAYAGAM, THANGAM
12137 STONE LAKE RANCH BLVD
THONOTOSASSA, FL 33592 US

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.

SIGNATURE: 01/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: THANGAM, SABANAYAGAM
Address: 3008 COLONIAL RIDGE DR
City-St-Zip: BRANDON, FL 33511

Title: DVP ( ) Delete
Name: BAKARANIA, MAGAN L
Address: 127 BARRINGTON DR
City-St-Zip: BRANDON, FL 33511

Title: DS ( ) Delete
Name: GANDHI, ADITHYAK
Address: 18128 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: THANGAM, SABANAYAGAM
Address: 12137 STONE LAKE RANCH BLVD
City-St-Zip: THONOTOSASSA, FL 33592

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABANAYAGAM THANGAM DPT 01/06/2009
Electronic Signature of Signing Officer or Director — Date