

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090713

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: STUART CARDIOLOGY GROUP, P.A.

**Current Principal Place of Business:**

1001 SE MONTEREY COMMONS BLVD  
300  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

1001 SE MONTEREY COMMONS BLVD  
300  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 65-0701827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BRADLEY, JAMES  
Address: 1001 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34996

Title: DR  
Name: GAGE, JOSEPH S  
Address: 1001 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34994

Title: DR  
Name: MUFSON, LARRY H  
Address: 1001 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34994

Title: DR  
Name: BENNETT, NORMAN E MD  
Address: 1001 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34996

Title: DR  
Name: STEPHEN, MCINTYRE E MD  
Address: 1001 SE MONTEREY COMMONS BLVD STE 300  
City-St-Zip: STUART, FL 34995

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH S. GAGE

MD

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date