2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P97000065311

Entity Name: CARDIOLOGY ASSOCIATES OF POLK COUNTY, P.A.

Current Principal Place of Business:

1417 LAKELAND HILLS BLVD
SUITE 106
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1417 LAKELAND HILLS BLVD.
SUITE 106
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3457610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALIT, UZI MD
1417 LAKE HILLS BLVD. STE. 106
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

TALIT, UZI MD
CARDIOLOGY ASSOCIATES OF POLK COUNTY
1417 LAKE HILLS BLVD. STE. 106
LAKELAND, FL 33805 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: UZI TALIT M.D. 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR-P ( ) Delete
Name: TALIT, UZI MD
Address: 1417 LAKE HILLS BLVD. STE. 106
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: UZI TALIT M.D. PRES 03/24/2009
Electronic Signature of Signing Officer or Director Date