

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081281

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: CARDIAC CARE CRITIQUE, INC.

**Current Principal Place of Business:**

901 S. OREGON AVE.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

901 S. OREGON AVE.  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-3468669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EDBERG, HUGO C  
4307 W ROLAND ST  
TAMPA, FL 33609      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: PD ( ) Delete  
Name: HARRISON, ERIC E  
Address: 901 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete  
Name: HARRISON, MARGARET  
Address: 901 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: AS ( ) Delete  
Name: EDBERG, HUGO C ESQ  
Address: PO BOX 3532  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: AS (X) Change ( ) Addition  
Name: EDBERG, HUGO C ESQ  
Address: 4307 W ROLAND STREET  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC HARRISON

D

03/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date